

## Group Insurance Plan designed exclusively for public accounting firms

### HOW CAN I GET A QUOTE ?

#### My firm already has a group plan

- 1- Fill-in the *Information about my firm* section below
- 2- Return by mail along with :
  - An employee benefit booklet for each class of coverage. Should you decide to stay with your current carrier, your booklet(s) will be returned to you.
  - A copy of your current premium statement on which you have :
    - >> date of birth and salaries for all employees
    - >> identifies all partners and/or CAs
 or fill in the Tables A and B (available on our website).
  - A copy of the correspondence received for the last two (2) renewals. This will include a listing of paid premiums and incurred claims for the year as well as the insurer's proposed renewal premiums.

Forward to :

**VIGILIS**   
**2540, boul. Daniel-Johnson, suite 200**  
**Laval QC H7T 2S3**

- 3- One of our group insurance specialists will contact you to confirm receipt and inform you of the delay required for your quote to be prepared.

#### My firm has no group plan

- 1- Fill-in the *Information about my firm* section below
- 2- Complete the employee data sheet (available on our website)
- 3- For faster service, fax both forms to **1 888 682-8299**
- 4- One of our group insurance specialists will contact you to help you design the plan best suited to your needs.

If your firm has more than 40 employees, simply complete as many Employee Data Sheets as required. Alternatively, you can download the excel-formatted version on our website.

[www.vigilis.ca](http://www.vigilis.ca)

Any questions ? One of our specialists will be pleased to assist you.

**Tél. (450) 682-7772 - 1 888 682-7772**

#### INFORMATION ABOUT MY FIRM

Firm name		Téléphone No.	
Adress		Fax No.	
City	Zip	Email	
Name of contact		Number of employees working 20hrs/week :	
Contact title	Are any employees disabled ? Yes <input type="checkbox"/> (provide details below) No <input type="checkbox"/>	Are all employees covered by Workman's Compensation ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>MANDATE</b>	Employer contribution : _____ % of total premiums		
	<input type="checkbox"/> including disability benefits, which become taxable <input type="checkbox"/> excluding disability benefits, which become non-taxable		

I hereby request a quote under the Group Insurance Plan for members firms and appoint the Vigilis Group as my broker for the plan.

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_