

## 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 (mail address below) 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 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;
  - » A copy of your current premium statement;
  - » Active and disabled employees tables (see next pages);
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 the next page).
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 20 employees, simply complete as many Employee Data Sheets as required.**

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

**Phone: 450 682-7772 - 1 888 682-7772**

### INFORMATION ABOUT MY FIRM

Firm name		Telephone No.
Address		Fax No.
City	Zip	Email
Name of contact		Number of employees working 20 hrs/week: _____
Contact title	Are any employees disabled? <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, please provide details on disabled employees table)	Are all employees covered by Workman's Compensation? <input type="checkbox"/> yes <input type="checkbox"/> no
Employer contribution: _____ % of total premiums		
<input type="checkbox"/> including disability benefits, which become taxable <input type="checkbox"/> excluding disability benefits, which become non taxable		

**MANDATE:**

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

Name:	Signature:	Date:
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