CanHealth & Dental Plans Ltd. — Company Request Form

Phone (250) 838-6848 Toll Free (866) 566-6848 Fax (250) 838-9562 Email: info@healthanddental.ca
P.O. Box 79, 907 Belvedere Street, Enderby BC V0E 1V0

Name of Employer: _____

Address: _____

City_____Province_____ Postal Code: _____

Phone: (____)_____Fax: (_____)_____ Email_____

[_] Limited or Incorporated [_] Partnership [_] Sole Proprietor Fiscal Year start date _____

Contact Person:_____

Nature of Business: _____

Contact Person Signature:_____

Coverage Particulars

Will coverage be per: [ ] Person [ ] Family

Coverage	
Dental Basic	%
Dental Major	%
Orthodontics	%
Extended Health	%
Prescription	%
Vision	%

Annual Maximums	
Single	$
Couple	$
Family	$

How many employees do you have? _____ Full-time _____ Part-time _____ Seasonal

What will be the probations period before an employee is eligible? _____

How many hours to work to be eligible? _____

Will the employees be allowed a one year carried forward of unused funds? [ ]Yes [ ] No

Effective Start Date of Coverage (ddmmyyyy): _____

Will Employees have a prorated maximum based on when they start in the year? [ ]Yes [ ]No

Billing Cycle	[ ]Monthly	[ ]Quarterly	[ ]Annually	[ ]As Needed
	[ ]Monthly PAC			

Are you interested in a Group RRSP for you and your employees? [ ]YES [ ]NO

For **CanHealth & Dental Plans Ltd.** *Use Only:*

Administration Fee __10___ % of all Contributions and $200.00__ set-up fee

COMMENTS_____

_____

_____ **Group #**_____