



providing a unique and holistic approach to group insurance

Request to quote

Company Name: _____

Street: _____

City, Province: _____

Postal Code: _____

Date of Request: _____

Fax to: (877) 901-6929

OR

Scan & Send to: info@garywhiteinsurance.com

Request To Quote - Plan Specifications

Basic Life and Accidental Death and Dismemberment (Mandatory)

	Class A	Class B	Class C	Class D
Flat Amount (Minimum = \$25,000)	<input type="radio"/> \$ _____	<input type="radio"/> \$ _____	<input type="radio"/> \$ _____	<input type="radio"/> \$ _____
Formula Amount (Minimum = \$25,000)	<input type="radio"/> 1 x Annual Salary <input type="radio"/> 2 X Annual Salary <input type="radio"/> 3 X Annual Salary	<input type="radio"/> 1 x Annual Salary <input type="radio"/> 2 X Annual Salary <input type="radio"/> 3 X Annual Salary	<input type="radio"/> 1 x Annual Salary <input type="radio"/> 2 X Annual Salary <input type="radio"/> 3 X Annual Salary	<input type="radio"/> 1 x Annual Salary <input type="radio"/> 2 X Annual Salary <input type="radio"/> 3 X Annual Salary
<ul style="list-style-type: none"> Coverage reduces by 50% at age 65. Optional Life coverage is available. Underwriting approval is required to grandfather any existing amounts of Optional Coverage. 				

Dependent Life (Optional)

	Class A	Class B	Class C	Class D
Dependent Life Coverage	<input type="radio"/> \$10,000 spouse/ \$5,000 child <input type="radio"/> \$5,000 spouse/ \$2,500 child	<input type="radio"/> \$10,000 spouse/ \$5,000 child <input type="radio"/> \$5,000 spouse/ \$2,500 child	<input type="radio"/> \$10,000 spouse/ \$5,000 child <input type="radio"/> \$5,000 spouse/ \$2,500 child	<input type="radio"/> \$10,000 spouse/ \$5,000 child <input type="radio"/> \$5,000 spouse/ \$2,500 child
Spousal Conversion	Included	Included	Included	Included
Waiver of Premium	Matches employee basic life	Matches employee basic life	Matches employee basic life	Matches employee basic life

Weekly Indemnity (Optional)

	Class A	Class B	Class C	Class D
Schedule	<input type="radio"/> 0/7/17 <input type="radio"/> 0/7/26 <input type="radio"/> 14/14/26	<input type="radio"/> 0/7/17 <input type="radio"/> 0/7/26 <input type="radio"/> 14/14/26	<input type="radio"/> 0/7/17 <input type="radio"/> 0/7/26 <input type="radio"/> 14/14/26	<input type="radio"/> 0/7/17 <input type="radio"/> 0/7/26 <input type="radio"/> 14/14/26
Benefit	<input type="radio"/> 60% <input type="radio"/> 66 2/3% <input type="radio"/> 70% <input type="radio"/> 75%	<input type="radio"/> 60% <input type="radio"/> 66 2/3% <input type="radio"/> 70% <input type="radio"/> 75%	<input type="radio"/> 60% <input type="radio"/> 66 2/3% <input type="radio"/> 70% <input type="radio"/> 75%	<input type="radio"/> 60% <input type="radio"/> 66 2/3% <input type="radio"/> 70% <input type="radio"/> 75%
Maximum (highest max. available is \$1,200)	<input type="radio"/> EI Maximum <input type="radio"/> \$700 <input type="radio"/> \$900 <input type="radio"/> \$1,000 <input type="radio"/> \$1,200	<input type="radio"/> EI Maximum <input type="radio"/> \$700 <input type="radio"/> \$900 <input type="radio"/> \$1,000 <input type="radio"/> \$1,200	<input type="radio"/> EI Maximum <input type="radio"/> \$700 <input type="radio"/> \$900 <input type="radio"/> \$1,000 <input type="radio"/> \$1,200	<input type="radio"/> EI Maximum <input type="radio"/> \$700 <input type="radio"/> \$900 <input type="radio"/> \$1,000 <input type="radio"/> \$1,200
1 st Day Hospital	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included

- * Plans with 70% and 75% benefit must be taxable. If the employee pays 100% of this premium, the benefit received during disability will be tax-free. Otherwise, the benefit is taxable.
- Basis of Coverage: Occupational, 24 hour protection.
 - Waiver of Premium: Not Included
 - Day Surgery Coverage: Not Included

Long Term Disability (Optional)

	Class A	Class B	Class C	Class D
Elimination Period	<input type="radio"/> 17 weeks <input type="radio"/> 26 weeks	<input type="radio"/> 17 weeks <input type="radio"/> 26 weeks	<input type="radio"/> 17 weeks <input type="radio"/> 26 weeks	<input type="radio"/> 17 weeks <input type="radio"/> 26 weeks
Benefit	<input type="radio"/> 60% <input type="radio"/> 66 2/3% <input type="radio"/> 70%* <input type="radio"/> 75%* <input type="radio"/> Graded**	<input type="radio"/> 60% <input type="radio"/> 66 2/3% <input type="radio"/> 70%* <input type="radio"/> 75%* <input type="radio"/> Graded**	<input type="radio"/> 60% <input type="radio"/> 66 2/3% <input type="radio"/> 70%* <input type="radio"/> 75%* <input type="radio"/> Graded**	<input type="radio"/> 60% <input type="radio"/> 66 2/3% <input type="radio"/> 70%* <input type="radio"/> 75%* <input type="radio"/> Graded**
Maximum	<input type="radio"/> \$ _____	<input type="radio"/> \$ _____	<input type="radio"/> \$ _____	<input type="radio"/> \$ _____

- * Plans with 70% and 75% benefit must be taxable. If the employee pays 100% of this premium, the benefit received during disability will be tax-free. Otherwise, the benefit is taxable.
- ** Graded Schedule is 66 2/3% of the first \$2,500 of monthly income, 50% of the next \$2,500, 40% of the balance.
- Integration: Primary C.P.P./Q.P.P., 85% All Source Maximum
 - Own Occupation period: The first 24 months of any benefit period for the purpose of the "Total Disability" definition. Partial Disability is included.
 - Cost of Living Adjustment: Not included

Request To Quote - Plan Specifications

Extended Health Benefit (Mandatory)								
	Class A		Class B		Class C		Class D	
Drug Maximums	<input type="radio"/> No Maximum <input type="radio"/> \$2,000 <input type="radio"/> \$3,000 <input type="radio"/> \$5,000		<input type="radio"/> No Maximum <input type="radio"/> \$2,000 <input type="radio"/> \$3,000 <input type="radio"/> \$5,000		<input type="radio"/> No Maximum <input type="radio"/> \$2,000 <input type="radio"/> \$3,000 <input type="radio"/> \$5,000		<input type="radio"/> No Maximum <input type="radio"/> \$2,000 <input type="radio"/> \$3,000 <input type="radio"/> \$5,000	
Pay Direct Drug Card								
Drug Card Type	<input type="radio"/> Prescription <input type="radio"/> Generic		<input type="radio"/> Prescription <input type="radio"/> Generic		<input type="radio"/> Prescription <input type="radio"/> Generic		<input type="radio"/> Prescription <input type="radio"/> Generic	
Deductibles								
Per Script Deductibles	<input type="radio"/> \$0 <input type="radio"/> \$5	<input type="radio"/> \$2 <input type="radio"/> \$10	<input type="radio"/> \$0 <input type="radio"/> \$5	<input type="radio"/> \$2 <input type="radio"/> \$10	<input type="radio"/> \$0 <input type="radio"/> \$5	<input type="radio"/> \$2 <input type="radio"/> \$10	<input type="radio"/> \$0 <input type="radio"/> \$5	<input type="radio"/> \$2 <input type="radio"/> \$10
OR								
Deductible = Dispensing Fee	<input type="radio"/> Dispensing Fee		<input type="radio"/> Dispensing Fee		<input type="radio"/> Dispensing Fee		<input type="radio"/> Dispensing Fee	
OR								
Dispensing Fee Cap	<input type="radio"/> \$5 <input type="radio"/> \$7.50	<input type="radio"/> \$6.50 <input type="radio"/> \$8	<input type="radio"/> \$5 <input type="radio"/> \$7.50	<input type="radio"/> \$6.50 <input type="radio"/> \$8	<input type="radio"/> \$5 <input type="radio"/> \$7.50	<input type="radio"/> \$6.50 <input type="radio"/> \$8	<input type="radio"/> \$5 <input type="radio"/> \$7.50	<input type="radio"/> \$6.50 <input type="radio"/> \$8
OR								
Annual Deductible	<input type="radio"/> \$25 / \$50 <input type="radio"/> \$50 / \$100		<input type="radio"/> \$25 / \$50 <input type="radio"/> \$50 / \$100		<input type="radio"/> \$25 / \$50 <input type="radio"/> \$50 / \$100		<input type="radio"/> \$25 / \$50 <input type="radio"/> \$50 / \$100	
Coinsurance	<input type="radio"/> 60% <input type="radio"/> 80% <input type="radio"/> 100%	<input type="radio"/> 75% <input type="radio"/> 90%	<input type="radio"/> 60% <input type="radio"/> 80% <input type="radio"/> 100%	<input type="radio"/> 75% <input type="radio"/> 90%	<input type="radio"/> 60% <input type="radio"/> 80% <input type="radio"/> 100%	<input type="radio"/> 75% <input type="radio"/> 90%	<input type="radio"/> 60% <input type="radio"/> 80% <input type="radio"/> 100%	<input type="radio"/> 75% <input type="radio"/> 90%
Smoking Cessation \$300 Lifetime Maximum	<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included	
Erectile Dysfunction \$1,000 annual maximum	<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included	
Fertility Drugs 50% to a lifetime maximum of \$4,000	<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included		<input type="radio"/> Included <input type="radio"/> Not included	
Major Medical								
Deductible	<input type="radio"/> Nil <input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100		<input type="radio"/> Nil <input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100		<input type="radio"/> Nil <input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100		<input type="radio"/> Nil <input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100	
Coinsurance	<input type="radio"/> 70% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%		<input type="radio"/> 70% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%		<input type="radio"/> 70% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%		<input type="radio"/> 70% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	
Major Medical Plan Type								
Paramedical Services* *Includes First Dollar Top-Up unless NOT allowed by Provincial Regulations	<input type="radio"/> Yes <input type="radio"/> No If YES, select ONE Maximum only		<input type="radio"/> Yes <input type="radio"/> No If YES, select ONE Maximum only		<input type="radio"/> Yes <input type="radio"/> No If YES, select ONE Maximum only		<input type="radio"/> Yes <input type="radio"/> No If YES, select ONE Maximum only	
	Per Insured, per Practitioner <input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$750 OR		Per Insured, per Practitioner <input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$750 OR		Per Insured, per Practitioner <input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$750 OR		Per Insured, per Practitioner <input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$750 OR	
	Per Certificate, per Practitioner <input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$750 OR		Per Certificate, per Practitioner <input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$750 OR		Per Certificate, per Practitioner <input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$750 OR		Per Certificate, per Practitioner <input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$750 OR	
	Per Certificate, All Practitioners combined <input type="radio"/> \$1,000		Per Certificate, All Practitioners combined <input type="radio"/> \$1,000		Per Certificate, All Practitioners combined <input type="radio"/> \$1,000		Per Certificate, All Practitioners combined <input type="radio"/> \$1,000	

Request To Quote - Plan Specifications

Extended Health Benefit (Mandatory) (cont'd)				
	Class A	Class B	Class C	Class D
Referral Required (Massage Therapy only)	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included
Private Duty Nursing (per year)	<input type="radio"/> \$5,000 <input type="radio"/> \$10,000	<input type="radio"/> \$5,000 <input type="radio"/> \$10,000	<input type="radio"/> \$5,000 <input type="radio"/> \$10,000	<input type="radio"/> \$5,000 <input type="radio"/> \$10,000
Semi-Private - \$0 deductible, 100% coinsurance	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included
Convalescent Hospital	Included	Included	Included	Included
Specialized Hospital	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included	<input type="radio"/> Included <input type="radio"/> Not included
Hearing Aids (per 5 years)	<input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$700	<input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$700	<input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$700	<input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$700
Orthotics (per year)	<input type="radio"/> \$200 <input type="radio"/> \$350 <input type="radio"/> \$500	<input type="radio"/> \$200 <input type="radio"/> \$350 <input type="radio"/> \$500	<input type="radio"/> \$200 <input type="radio"/> \$350 <input type="radio"/> \$500	<input type="radio"/> \$200 <input type="radio"/> \$350 <input type="radio"/> \$500
Orthopaedic Shoes (per year)	<input type="radio"/> \$200 <input type="radio"/> \$350 <input type="radio"/> \$500	<input type="radio"/> \$200 <input type="radio"/> \$350 <input type="radio"/> \$500	<input type="radio"/> \$200 <input type="radio"/> \$350 <input type="radio"/> \$500	<input type="radio"/> \$200 <input type="radio"/> \$350 <input type="radio"/> \$500
Labs (Including MRI) (per year)	<input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500	<input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500	<input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500	<input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500
Vision Care \$0/\$0 deductible, 100% coinsurance, every 24 months	<input type="radio"/> Not included <input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> \$200 <input type="radio"/> \$250 <input type="radio"/> \$300	<input type="radio"/> Not included <input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> \$200 <input type="radio"/> \$250 <input type="radio"/> \$300	<input type="radio"/> Not included <input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> \$200 <input type="radio"/> \$250 <input type="radio"/> \$300	<input type="radio"/> Not included <input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> \$200 <input type="radio"/> \$250 <input type="radio"/> \$300
Eye Exams, every 24 months	<input type="radio"/> Not included <input type="radio"/> \$75 <input type="radio"/> \$150	<input type="radio"/> Not included <input type="radio"/> \$75 <input type="radio"/> \$150	<input type="radio"/> Not included <input type="radio"/> \$75 <input type="radio"/> \$150	<input type="radio"/> Not included <input type="radio"/> \$75 <input type="radio"/> \$150
<ul style="list-style-type: none"> • Out of Province emergency healthcare included at \$0/\$0 deductible, 100% coinsurance, 60-day coverage, \$1,000,000 maximum • Unlimited Maximum in Province • 2 Year Survivor Benefit Included 				

Request To Quote - Plan Specifications

Dental Care (Optional)				
Dental	Class A	Class B	Class C	Class D
Level 1, 2 and 3 Deductible	<input type="radio"/> Nil <input type="radio"/> \$25 / \$50 <input type="radio"/> \$50 / \$100	<input type="radio"/> Nil <input type="radio"/> \$25 / \$50 <input type="radio"/> \$50 / \$100	<input type="radio"/> Nil <input type="radio"/> \$25 / \$50 <input type="radio"/> \$50 / \$100	<input type="radio"/> Nil <input type="radio"/> \$25 / \$50 <input type="radio"/> \$50 / \$100
Level 1 & 2 Basic Restorative Including Preventative Services Periodontics - Endodontics	<input type="radio"/> 60% coinsurance <input type="radio"/> 80% coinsurance <input type="radio"/> 90% coinsurance <input type="radio"/> 100% coinsurance <input type="radio"/> \$1,000 max <input type="radio"/> \$1,500 max <input type="radio"/> \$1,500 combined with Level 3 <input type="radio"/> \$2,000 combined with Level 3 <input type="radio"/> \$2,500 combined with Level 3 <input type="radio"/> Unlimited	<input type="radio"/> 60% coinsurance <input type="radio"/> 80% coinsurance <input type="radio"/> 90% coinsurance <input type="radio"/> 100% coinsurance <input type="radio"/> \$1,000 max <input type="radio"/> \$1,500 max <input type="radio"/> \$1,500 combined with Level 3 <input type="radio"/> \$2,000 combined with Level 3 <input type="radio"/> \$2,500 combined with Level 3 <input type="radio"/> Unlimited	<input type="radio"/> 60% coinsurance <input type="radio"/> 80% coinsurance <input type="radio"/> 90% coinsurance <input type="radio"/> 100% coinsurance <input type="radio"/> \$1,000 max <input type="radio"/> \$1,500 max <input type="radio"/> \$1,500 combined with Level 3 <input type="radio"/> \$2,000 combined with Level 3 <input type="radio"/> \$2,500 combined with Level 3 <input type="radio"/> Unlimited	<input type="radio"/> 60% coinsurance <input type="radio"/> 80% coinsurance <input type="radio"/> 90% coinsurance <input type="radio"/> 100% coinsurance <input type="radio"/> \$1,000 max <input type="radio"/> \$1,500 max <input type="radio"/> \$1,500 combined with Level 3 <input type="radio"/> \$2,000 combined with Level 3 <input type="radio"/> \$2,500 combined with Level 3 <input type="radio"/> Unlimited
Recall Basis	<input type="radio"/> 6 months <input type="radio"/> 9 months	<input type="radio"/> 6 months <input type="radio"/> 9 months	<input type="radio"/> 6 months <input type="radio"/> 9 months	<input type="radio"/> 6 months <input type="radio"/> 9 months
Level 3 Major Restorative	<input type="radio"/> Included <input type="radio"/> Not included <input type="radio"/> \$1,500 max <input type="radio"/> \$2,500 max <input type="radio"/> \$1,500 combined with Levels 1 & 2 <input type="radio"/> \$2,000 combined with Levels 1 & 2 <input type="radio"/> \$2,500 combined with Levels 1 & 2 <input type="radio"/> 50% coinsurance <input type="radio"/> 80% coinsurance	<input type="radio"/> Included <input type="radio"/> Not included <input type="radio"/> \$1,500 max <input type="radio"/> \$2,500 max <input type="radio"/> \$1,500 combined with Levels 1 & 2 <input type="radio"/> \$2,000 combined with Levels 1 & 2 <input type="radio"/> \$2,500 combined with Levels 1 & 2 <input type="radio"/> 50% coinsurance <input type="radio"/> 80% coinsurance	<input type="radio"/> Included <input type="radio"/> Not included <input type="radio"/> \$1,500 max <input type="radio"/> \$2,500 max <input type="radio"/> \$1,500 combined with Levels 1 & 2 <input type="radio"/> \$2,000 combined with Levels 1 & 2 <input type="radio"/> \$2,500 combined with Levels 1 & 2 <input type="radio"/> 50% coinsurance <input type="radio"/> 80% coinsurance	<input type="radio"/> Included <input type="radio"/> Not included <input type="radio"/> \$1,500 max <input type="radio"/> \$2,500 max <input type="radio"/> \$1,500 combined with Levels 1 & 2 <input type="radio"/> \$2,000 combined with Levels 1 & 2 <input type="radio"/> \$2,500 combined with Levels 1 & 2 <input type="radio"/> 50% coinsurance <input type="radio"/> 80% coinsurance
Level 4 Orthodontics for dependent children up to and including age 19 (Only available if Level 3 is elected)	<input type="radio"/> Included <input type="radio"/> Not included Nil Deductible, 50% coinsurance \$2,000 lifetime maximum	<input type="radio"/> Included <input type="radio"/> Not included Nil Deductible, 50% coinsurance \$2,000 lifetime maximum	<input type="radio"/> Included <input type="radio"/> Not included Nil Deductible, 50% coinsurance \$2,000 lifetime maximum	<input type="radio"/> Included <input type="radio"/> Not included Nil Deductible, 50% coinsurance \$2,000 lifetime maximum
Fee Guide	<input type="radio"/> Current <input type="radio"/> +2 % <input type="radio"/> +5 % <input type="radio"/> +10 % <input type="radio"/> +25 % <input type="radio"/> -2 % <input type="radio"/> -5 % <input type="radio"/> -10 % <input type="radio"/> -25 %	<input type="radio"/> Current <input type="radio"/> +2 % <input type="radio"/> +5 % <input type="radio"/> +10 % <input type="radio"/> +25 % <input type="radio"/> -2 % <input type="radio"/> -5 % <input type="radio"/> -10 % <input type="radio"/> -25 %	<input type="radio"/> Current <input type="radio"/> +2 % <input type="radio"/> +5 % <input type="radio"/> +10 % <input type="radio"/> +25 % <input type="radio"/> -2 % <input type="radio"/> -5 % <input type="radio"/> -10 % <input type="radio"/> -25 %	<input type="radio"/> Current <input type="radio"/> +2 % <input type="radio"/> +5 % <input type="radio"/> +10 % <input type="radio"/> +25 % <input type="radio"/> -2 % <input type="radio"/> -5 % <input type="radio"/> -10 % <input type="radio"/> -25 %
<ul style="list-style-type: none"> • 2 Year Survivor Benefit: Included • Current Fee Guide based on employee's province of residence 				

