



Group Health & Dental

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P.O. Box 345, 42 Albert St. Windsor, NS B0N 2T0

QUOTE REQUEST FOR FIVE (5) OR MORE EMPLOYEES

Broker Information

Company Name: _____

Name: _____

Fee (%): _____ Email: _____

Phone #: _____ Cell #: _____ Fax #: _____

Prospect Company Information

Company Name: _____

Type of Industry: _____

Company is: Incorporated or Sole Proprietor

If a Trucking Company, do they ever go out of Canada? Yes or No

Number of Employees over age 65: _____

CLASS A

Single: Number of Employees: _____

Allotment Assigned: \$ _____

Family: Number of Employees: _____

Allotment Assigned: \$ _____

CLASS B

Single: Number of Employees: _____

Allotment Assigned: \$ _____

Family: Number of Employees: _____

Allotment Assigned: \$ _____

CLASS C

Single: Number of Employees: _____

Allotment Assigned: \$ _____

Family: Number of Employees: _____

Allotment Assigned: \$ _____

Is agent of record letter issued to Broker for pooled benefits? Yes or No

Other Instructions: _____
