

Quote Request Form

Building a health and dental insurance plan that suits your client's needs is easy. Fill in this editable form and send it to your Affinity wholesaler.

Primary Applicant Name: _____	Dependants (age 20 or younger): _____
Co-Applicant Name: _____	Province of Residence: _____

Group Coverage

Does your client currently have group coverage? Yes No

Has your client recently lost group coverage? Yes No Termination Date: _____

Does your client have valid government/ provincial health care coverage (i.e. Quebec - RAMQ or Ontario – OHIP)? Yes No

If not, clients should apply for Travel Insurance for Visitors to Canada until they receive valid government health coverage.

Does your client have any pre-existing conditions? Yes No

If “yes”, list any pre-existing conditions: _____

Proposed Plan

Proposed Effective Date: _____

Age of Primary Applicant: _____	Age of Co-Applicant: _____	Age of Dependants (age 20 or younger): _____
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Is your client self-employed or a small business owner? Yes No

Plan Design – Medically Underwritten

Drug Coverage Amount:	None	\$525*	\$5,000	\$10,000	Unlimited (catastrophic coverage)
Dental Coverage:	None	Basic*	Oral surgery	Major restorative	
Hospital Coverage:	None	Semi-private hospital	Private hospital		
Travel Coverage (all plans come with 9 days):	None	+ 8 days (17 days total)	+ 21 days (30 days total)		
Registered Specialists and Therapists:		\$25* per visit (maximum 20 visits)	\$300 or \$600 (no maximum per visit)	\$1,500	

*These benefits come with the guaranteed issue ComboPlus Starter Plan.

Plans underwritten by The Manufacturers Life Insurance Company.

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