



APPLICATION FOR QUOTATION  
seCUREme GROUP STOP LOSS INSURANCE

**1) INSTRUCTIONS**

This form is to be submitted along with the required information listed below by the Broker on behalf of the plan administrator to receive a quote for seCUREme Group Stop Loss Insurance.

**1) APPLICANT INFORMATION**

Company Name (Applicant):

Address:

City: Province: Postal Code:

**2) COVERAGE SELECTION AND PLAN CHOICE**

Please indicate the coverage level you wish to have quoted:

**A) MEDICAL/DENTAL CARE BENEFITS**

- seCUREme Stop Loss: 100% Coverage - \$100,000 Annual Maximum
- seCUREme Stop Loss: 80% Coverage- \$100,000 Annual Maximum
- seCUREme Pharma Only Stop Loss: 100% Coverage - \$25,000 Annual Maximum
- seCUREme Pharma Only Stop Loss: 100% Coverage - \$100,000 Annual Maximum

**B) ATTACHMENT POINT**

- \$2,500
- \$5,000
- \$10,000

**C) OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

- Maximum of 5 times basic annual salary, overall maximum \$500,000.00

**D) OPTIONAL TEMPORARY TOTAL DISABILITY BENEFITS**

Following a 90 day waiting period, benefit payable is 70% of basic weekly earnings to a maximum of \$12,000 CAD Per month for 24 months. A Medical questionnaire for each employee must accompany this application if the TTD benefit has been selected.

- Option 1: 90 day Elimination Period

**E) OPTIONAL PERMANENT TOTAL DISABILITY BENEFITS**

This benefit is available in multiples of annual salary up to a maximum of 5 times your annual salary subject to an overall Limit of \$1,000,000. A medical questionnaire for each employee must accompany this application if the PTD benefit has been selected.

Indicate salary multiple elected:

- 1 X  2 X  3 X  4 X  5 X



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**3) QUOTE SUBMISSION REQUIREMENTS**

The following must be submitted with your application for quotation:

- Current Employee Census;
- For companies who have been previously fully insured EP3 statements are required for the previous two (2) benefit years;
- For companies who are currently self-insured, claims experience for the previous two (2) benefit years;
- Stop Loss Experience for the previous two (2) benefit years;
- Copy of current plan design inclusive of Stop Loss parameters

**4) BROKER / AGENCY INFORMATION**

Company Name:		
Address:		
City:	Province:	Postal Code:
Contact Name/Position:	Phone:	
Fax:	Email:	

**5) AGENT DECLARATION**

<b>I CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND IN THESE REPORTS IS TRUE AND COMPLETE.</b>	
Authorized Signature:	Date (MM/DD/YYYY):



seCUREme is a wholly owned division of Health Risk Services Inc.



**Health Risk  
Services Inc.**  
"Providing innovative Benefits Solutions"



seCUREme Stop Loss Insurance is underwritten by Anahita Insurance. Secure and comprehensive insurance underwriters for corporate and personal products.