

Phone: (250) 838-6848 Toll Free: (866) 566-6848 Fax: (250) 838-9562
 P.O. Box 79, 907 Belvedere Street, Enderby, B.C. V0E 1V0

Name of Employer: _____

Address: _____

City

Province

Postal Code

Phone # () _____ Fax # () _____ Email: _____

Limited or Incorporated Partnership Sole Proprietor

Contact Person: _____

Nature of Business: _____

Company Contact Signature: _____

Coverage Particulars

Coverage	
Basic	%
Major	%
Ortho	%
Extended Health	%
Prescription	%
Vision	%

Annual Maximums	
Employee I	\$
Employee II	\$
Employee III	\$
Management I	\$
Management II	\$
Management III	\$
Sr. Management	\$

Effective Date of Coverage: _____
Day / Month / Year

Billing Cycle: Monthly Quarterly Annual 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 _____ % of all Contributions and \$ _____ set-up fee

Comments: _____

Group #