

Reflexology Association of Canada, British Columbia Chapter
 Group Health Insurance Program
Request for Quotation by Member

To: Schmunk, Gatt, Smith & Associates
 #204-20334 56th Ave.
 Langley, B.C. V3A 3Y7

Attention: Drew Scharf -- Email: drew@schmunkgattsmith.com

I am a member of the Reflexology Association of Canada, British Columbia Chapter and I would like to be quoted on the cost of coverage for the following Extended Health Benefits available under our Program, for myself/family/business.

Please return this quote to me: (check one) By mail By email (address as listed below)

Personal Information is as follows:

NAME		
ADDRESS		
BIRTHDATE	AGE:	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
PHONE	FAX:	EMAIL:

The plan is for: (check one) Note: for self and spouse it is better to apply for 2 separate plans/policies)

Myself Myself and family Myself and employees

List of participating dependants/employees: (if space insufficient attach another sheet)

NAME	RELATIONSHIP	MALE	FEMALE	BIRTHDATE

The plan that I would like to be quoted on for myself/business is as follows:

(Additional Information can be found in RAC-BC's Benefits and Programs Handbook)

CORE BENEFITS (requirement)	COVERAGE AMOUNT
Basic Life and Accidental Death and Dismemberment	
Dependant Life (if applicable)	
OPTIONAL BENEFITS (2 or more)	COVERAGE AMOUNT/PLAN
1)	
2)	
3)	
4)	
5)	
6)	

NOTE: PROVIDE ANNUAL EARNINGS WHEN APPLYING FOR WEEKLY INDEMNITY OR LONG TERM DISABILITY.

ANNUAL EARNINGS: _____.