

TRINOME

- CONSEILS -

GROUP INSURANCE

Information form

Name : _____ Company name : _____

Email : _____ Phone number : _____

1	Do you currently have a group insurance plan?	<input type="radio"/> Yes <input type="radio"/> No
2	If yes, Which is your insurer at the moment?	
3	What is the next renewal date?	
4	When was your last call for tenders?	
5	How many employees are insured?	
6	Which type of coverage is currently offered : Life insurance?	<input type="radio"/> Yes <input type="radio"/> No
7	Long-term disability?	<input type="radio"/> Yes <input type="radio"/> No
8	Short-term disability?	<input type="radio"/> Yes <input type="radio"/> No
9	What is the coinsurance for your drugs coverage?	<input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> Other
10	Dental care insurance?	<input type="radio"/> Yes <input type="radio"/> No
11	Critical illness insurance?	<input type="radio"/> Yes <input type="radio"/> No
12	Which kind of group insurance plan do you have?	<input type="radio"/> Traditional <input type="radio"/> Modular <input type="radio"/> Self-insured
If not, contact us to know how Trinome Conseils can help you to implement a group insurance plan for your company		

Once completed, please save a copy of the document and return it by email to
manon.odesse@trinomeconseils.com