



# CANASA

Canadian Security Association

Association canadienne de la sécurité

## **Association Employee Benefits Plan Applicant Information Form for Groups with 3-15 Employees**

Apri Insurance Services Inc.

[robert.evdokimenko@apriinc.com](mailto:robert.evdokimenko@apriinc.com) - 604-605-3662

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**apri**  
LIVING AS PLANNED

## Group Benefits Plan Information and Quoting Process

Your Canadian Security Association (CANASA) membership offers a wide range of services and resources that will give you your best competitive advantage. One of those advantages is our employee benefit offering.

CANASA has partnered with Apri Insurance Services Inc. to provide a variety of Group Benefits options to members. This document pertains to group of 3 employees or more. If you have 1-2 staff members, please click the corresponding active link on your online web portal.

**APRI Insurance Services Inc.** is a leading provider of Group Benefits, Individual Insurance, Special Risk and Group Retirement and Pension solutions. Our range of cost-effective benefit solutions are designed to help attract and retain the best employees, and enhance life for those who make your company successful.

Interested in receiving a quote for your staff? Please follow the instructions below and feel free to contact Apri Insurance Services Inc. if you have any questions or concerns.

1. Please view the Plan Design document made available on the Employee web portal.
2. Answer sections #1-4 on the following page. If you currently have a group benefits plan in place you will need to gather extra documentation, which is highlighted in section #3.
3. Completely fill out the enclosed employee data sheet. Equitable Life will use this important information when pricing each benefit option.
4. Forward all required information to:

Apri Insurance Services Inc.  
[sean.murray@apriinc.com](mailto:sean.murray@apriinc.com)

An Apri representative will be in touch to discuss plan design options with you as soon as they receive your applicant information and employee data sheet. If you have any questions or concerns please feel free to contact Apri Insurance Services directly (contact information below).

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#1 - APPLICANT INFORMATION	
Company Name:	
Contact Name:	
Address:	
City/Province:	Postal Code:
Telephone:	Email Address:
Years in Business:	Nature of Business:
Are there any seasonal employees or contractors? (Y/N)	
#2 - CURRENT COVERAGE	
Is there current coverage in place? (Y/N):	
If yes:	
How many years with the current insurance provider?:	
Name of current Insurance provider:	
#3 - REQUIRED INFORMATION TO QUOTE	
If there is current coverage in place, please provide the following documentation:	
<input type="checkbox"/>	Your most recent billing statement form the insurance provider.
<input type="checkbox"/>	The current Plan Design
<input type="checkbox"/>	The last 2-3 years of renewal experience. Located in your annual renewal package
<input type="checkbox"/>	Please completely fill out the enclosed employee census sheet.
<input type="checkbox"/>	Has there been an Extended Health Care claim in excess of \$10,000?
<input type="checkbox"/>	Are there any open Long Term Disability claims? If yes specify below:
<b>If you do not have coverage in place currently:</b>	
<input type="checkbox"/>	Please completely fill out the enclosed employee census sheet.
#4 - PLAN DESIGN	
Please view the plan design document on the Canasa web portal for details.	
LIFE INSURANCE and AD&D:	
Option #1 - Flat \$25,000 <input type="checkbox"/>	Option #2 - 1x Earnings <input type="checkbox"/>
LONG TERM DISABILITY:	
Option #1 - Yes <input type="checkbox"/>	Option #2 - No <input type="checkbox"/>
EXTENDED HEALTH CARE:	
Option #1 - Basic <input type="checkbox"/>	Option #2 - Standard <input type="checkbox"/>
Option #3 - Premium <input type="checkbox"/>	Option #4 - Enhanced <input type="checkbox"/>
DENTAL CARE:	
Option #1 - Basic <input type="checkbox"/>	Option #2 - Standard <input type="checkbox"/>
Option #3 - Premium <input type="checkbox"/>	Option #4 - Enhanced <input type="checkbox"/>
HEALTH CARE SPENDING ACCOUNT	
Option #1 - Yes (Minimum \$500 per member) <input type="checkbox"/>	Option #2 - No <input type="checkbox"/>
#5 - APRI CONTACT INFORMATION	
Please forward all documentation to:	
Robert Evdokimenko	
Email: <a href="mailto:robert.evdokimenko@apriinc.com">robert.evdokimenko@apriinc.com</a>	
Mail: 250, 1095 West Pender St.	
Vancouver, BC V6E 2M6	
<b>An Apri Advisor will reach out to discuss plan design options upon receipt of your request to quote.</b>	

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# Employee Census Sheet

Employee ID	Occupation	Birth Date			Gender		Prov. of res.	Annual Salary	Date Employed			Coverage Type*		Waive H&D**	Hours Worked/ Week
		MM	DD	YYYY	M	F			MM	DD	YYYY	S	F		

*Please indicate related employees, seasonal employees and independent contractors.  
 \*Coverage Type - (S) Single or (F) Family.  
 \*\*Only employees with duplicate coverage may waive health and/or dental coverage.*