



CLIENT INFORMATION QUESTIONNAIRE

Name of the Employer: _____

Billing Contact: _____ **Title:** _____

Claims Contact: _____ **Title:** _____

Divisions or Affiliates to be covered: Yes No

If Yes, are divisional bills sent to: Head Office Divisions

Note: Billing Divisions require a minimum of 3 lives

DIVISIONS OR AFFILIATES INFORMATION:

Division # ①: Legal Name: _____

Relationship: Division Affiliate Subsidiary

Billing Contact: _____

Claims Contact: _____

Address: _____

Telephone: _____

Fax.: _____

E-mail: _____

.....
Division # ②: Legal Name: _____

Relationship: Division Affiliate Subsidiary

Billing Contact: _____

Claims Contact: _____

Address: _____

Telephone: _____

Fax.: _____

E-mail: _____

.....
Division # ③: Legal Name: _____

Relationship: Division Affiliate Subsidiary

Billing Contact: _____

Claims Contact: _____

Address: _____

Telephone: _____

Fax.: _____

E-mail: _____



CLIENT INFORMATION QUESTIONNAIRE

.....
Division # ①: Legal Name: _____
Relationship: Division Affiliate Subsidiary
Billing Contact: _____
Claims Contact: _____
Address: _____

Telephone: _____
Fax.: _____
E-mail: _____

.....
Division # ②: Legal Name: _____
Relationship: Division Affiliate Subsidiary
Billing Contact: _____
Claims Contact: _____
Address: _____

Telephone: _____
Fax.: _____
E-mail: _____

.....
Division # ③: Legal Name: _____
Relationship: Division Affiliate Subsidiary
Billing Contact: _____
Claims Contact: _____
Address: _____

Telephone: _____
Fax.: _____
E-mail: _____

.....
Division # ¼: Legal Name: _____
Relationship: Division Affiliate Subsidiary
Billing Contact: _____
Claims Contact: _____
Address: _____

Telephone: _____
Fax.: _____
E-mail: _____



CLIENT INFORMATION QUESTIONNAIRE

- **Are French booklets required?** Yes No
If Yes, how many French Booklets for each Class? _____
- **Are U.S. employees to be covered?** Yes No
If Yes, how will premiums be paid? Canadian \$ US\$
If Yes, how many employees in the U.S. _____
U.S. Address (This information is mandatory): _____

- **Are Canadian employees working in any other countries to be covered?** Yes No
If Yes, please indicate which countries and duration of stay.

EMPLOYEE NAME	COUNTRY	DURATION OF STAY

POLICY/BOOKLET MATERIAL INFORMATION:

- **Policy language is to be in:** English French
NOTE: If Employer is Head Quartered in Quebec, policy will be automatically issued in French.
 If French policy is issued, an English Copy is also required
- **Sales Office Shipping Instructions for Administrative Materials:**
 Policyholder
 Broker
- **Name to be Printed on Booklet:**
 Legal Name
 Other: _____
- **Style of Employee Booklet:**
 Standard (Very Detailed – 10 to 20 pages)
 Abbreviated (Summary – 4 to 8 pages)
NOTE: Abbreviated booklets are Not available if plan has a Reverse Combo)



CLIENT INFORMATION QUESTIONNAIRE

- **Booklet Quantity:** Number of employees / class
 - Class 1 _____
 - Class 2 _____
 - Class 3 _____
 - Class 4 _____
 - Class 5 _____

- **Descriptive Phrase for Booklet Cover:**
 - Your Group Insurance Benefits
 - Other _____

- **For Groups with 200+ Lives:**
 - Is Booklet Draft Wording Required? Yes No
 - Is Broker's Name to be Printed on Back Page? Yes No
 - Is Broker's Address to be Printed on Back Page? Yes No
 - Other _____

- **Booklets are to be Printed by a Third Party:** Yes No
 ("Third Party" means someone other than Unum or the Policyholder will be printing the booklets- such as our wording being put into another carrier's booklet; booklets being printed by the TPA; etc.)
 If Yes, wording and reimbursement cheque are to be sent to:
NOTE: *Third Party Print Agreement must be issued.*
 Company Name: _____
 Contact Name: _____
 Address: _____

 Wording on Diskette Required: Yes No

- **Policyholder Requires E-Booklets:** Yes No
NOTE: *Viewing Access Only Agreement must be issued. Policyholder cannot have both printed and electronic booklets.*

OTHER SPECIAL BOOKLET INSTRUCTIONS:



P.O. Box 5044, 5420 North Service Road,
 Burlington, Ontario L7R 4C1 – 905.319.9501

CLIENT INFORMATION QUESTIONNAIRE

RATES:

	CLASS 1	CLASS 2	OTHER _____
LTD			
Sold Rate:			
NEM:			
LTD Rate Guarantee:			
LIFE and/or AD&D:			
Sold Rate - Life:			
Life NEM:			
Life Rate Guarantee:			
Sold Rate – AD&D:			
AD&D NEM:			
AD&D Rate Guarantee:			
STD			
Sold Rate:			
STD Rate Guarantee:			
DEPENDENT LIFE			
Sold Rate:			

COMMENTS:
