

Diversity Quote Sheet



**Wawanesa
Life**

Rate Table #: _____

Broker Name: _____

Company Name: _____

Date of Quote: _____

Proposed Plan Effective Date: _____

	Employee Name	Date Of Birth (YY/MM/DD)	or	Age on Effective Date of Plan	Province*	Salary over \$25,000	Plan Type	Gender	Single/ Family	Total Premium
1	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____
2	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____
3	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____
4	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____
5	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____
6	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____
7	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____
8	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____
9	_____	/ /		_____	_____	<input type="checkbox"/>	B / E	M / F	S / F	\$ _____

NOTES:

- *Include employee province if different from the group's home province
- Total Premium above does not include provincial taxes (if applicable)
- Total Premium does not include With Evidence Long Term Disability Coverage rates for Diversity Enhanced
- A completed copy of this quote must accompany the Employer Application for enrollment purposes
- Wawanesa Life verification required before any Diversity Benefit Plan becomes effective

Total Monthly Premium \$ _____