

## Employer Group Benefits Plan

### Gathering Background Information

We've established relationships with many employee group benefits providers. If you are interested in implementing a benefits plan for you and your employees, please complete the following forms so that we might arrange a quote for your organization.

We will need to provide our insurance partners with information about your organization and the employees you wish to include in the program. However, if you currently have coverage and wish to quote, please contact Peter McKitterick (as below) for the appropriate forms.

Please complete the following forms and return by either attaching to an email to: Peter McKitterick at [peter@McKITTERICK.ca](mailto:peter@McKITTERICK.ca) or faxing to 905-940-1894. Contact Peter at 647-574-2468 if you require assistance.

### Page 1- Organizational Background:

- description of your organization including contact information;
- details regarding any employees who are currently or have recently been away due to injury or illness;
- indicate whether any employees currently suffer a condition such as epilepsy or heart disease (that you are aware of). It is to your advantage to respond as future claims can be disallowed when a known condition is not disclosed in advance.

### Page 2 - Plan Description

- indicate design of your program

### Page 3 – Demographics

This is demographic information primarily for rating life and disability insurance. Please provide data on covered employees including:

- gender
- family status (single or family)
- dates of birth
- job titles/descriptions please provide as much information as possible
- employment start dates
- and coverage type for health and dental (family or single)

The information requested is confidential; please see privacy statement attached at the end of the document.

Address: 21 - 30 Wertheim Court, Richmond Hill, ON

Phone: 647.574.2468 | Fax: 905.940.1894 | Email: [Peter@McKitterick.ca](mailto:Peter@McKitterick.ca)

## Privacy

In order to provide an accurate employee group benefits quotation for your organization, insurance companies requires information on employees that is private and confidential. This includes their salaries, age, marital/dependent status, job description and length of service with your organization.

The information is used to identify risk factors for each employee. The insurance company will set a rate for each employee (based on age, gender, job etc...) from which a composite rate is calculated. The composite is the rate your organization would pay for the insurance coverage. The information is used for no other purpose.

Some employers feel reluctant to divulge such information. In addition, the privacy legislation, Bill C6, regulates how such information can be used or disseminated for commercial purposes without an employee's permission.

Therefore, when completing the forms, do not identify the employee by name but rather by an initial or number (1,2,3,4 etc.). This will allow us to provide you with accurate information without identifying any individuals.

While it is not necessary at this stage that the insurance company know who the employees are, it is important that you as the employer are able to verify that the information provided is correct.

Peter McKitterick and the providers he works with warrant that the information provided will not be sold or used for any other purpose than in the preparation of a quote.

## Permission

We will require your permission in order direct your current insurance company to release pertinent information in order that we may provide a group insurance quotation.

Please attach the following template information on your letterhead and return the signed original to Peter McKitterick.

Peter McKitterick will then contact your insurance company and request the needed information, saving you time and hassle.

At any time, please do not hesitate to call us if you have any questions regarding this process. We would be more than happy to explain the process to you.



*Sample Letter on your company letterhead*

## **REVIEW LETTER**

<DATE>

**Benefits Provider:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

Please consider this letter as our authority to release the following experience information to our representative, Peter McKitterick.

- Experience per benefit and the dates applicable over the past three years (including short and long-term disability);
- Paid premiums and paid claims;
- Rate history over the past three years;
- Employee nominal data including D.O.B, sex, salary and occupation;
- Information on any disabled employees;
- Retention percentage including stop loss level and fees;
- IBNR reserve formulas and inflation factors and Target Loss Ratio.

Please provide Peter McKitterick with this information within two weeks.

Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Signature

<NAME>  
<COMPANY>  
<POSITION>



Sample Letter on your company letterhead

## TERMINATION LETTER

<DATE>:

Benefits Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

To Whom It May Concern:

**Re: Company Name | Policy #**

This letter is to serve as our notice to terminate the above plan of health insurance effective midnight <DATE>.

Currently we do not have any employees absent from work due to sickness or injury. Should anyone not be at work <DATE> will notify you immediately.

We have notified our staff of this action and instructed them to submit outstanding health and dental claims within 90 days of termination. Please let us know if you have any other requirements, as we would like to notify our employees.

We appreciate your past service and thank you for your assistance.

Trust this is sufficient notice.

Sincerely,

\_\_\_\_\_  
Signature

<NAME>  
<COMPANY>  
<POSITION>



Sample Letter on your company letterhead

## APPOINTMENT LETTER

<DATE>:

Benefits Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

RE: APPOINTMENT LETTER

This letter appoints Peter N. McKitterick and McKitterick Insurance Group to act as our Agent of Record for the purpose of soliciting quotations and negotiating on our behalf with respect to our Employee Group Benefits Program effective <DATE>.

In view of the foregoing, you are hereby authorized to:

1. Receive any information that may be requested regarding existing plans, possible future plans, or quotations on our Employee Benefit Plan from any insurance company or other organization underwriting such plans;
2. Review and prepare specifications and tender for such plans as you consider advisable;
3. Receive any commissions and / or service fees in respect to any existing or future contracts pertaining to our Employee Benefit Plan.

The letter of appointment hereby revokes all previous appointments and gives McKitterick Insurance Group to act as our Agents. We trust that information obtained will be used solely for the purposes of the appointment and that it will be kept in strictest confidence.

Sincerely,

\_\_\_\_\_  
Signature

<NAME>  
<COMPANY>  
<POSITION>

