

**GROUP INFORMATION SHEET**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Broker Name: \_\_\_\_\_

1. Are there any disabled lives?
2. Please provide the rate history.
3. Please provide experience for the past 3 years.
4. Please provide copy of current Plan design (booklet or contract)
5. What is the reason for marketing the Plan?
6. Is Agent of Record Letter available?