



Request for Information Quotation (cont...)

Benefits/Insurance Plan Inquiries

Please check all that apply

Health Benefit Plans & Options

- PHSPs (Private Health Services Plans)
- HSAs (Health Spending Accounts)
- Cost Plus Accounts
- FSAs (Flexible Spending Account)
- HWAs (Health & Wellness Account)
- Employee Group Benefits Plan
- Personally Owned Health/Dental Plan
- Medical (Drugs Only)
- Dental Only
- Extended Health
- EAP (Employee Assistance Program)

Insurance

- Life
- Accidental death & Dismemberment
- Dependent
- Short-Term Disability
- Long-Term Disability
- Critical Illness
- Business
- Mortgage
- Emergency Travel
- RRSPs
- TFSA's (Tax Free Savings Account)

Please complete the form and print. Include contact information such as phone, fax and email addresses and forward to: Health Risk Services using info@healthrisk.ca or complete the same form online at www.healthrisk.ca at our "Contact" page and use our Secure Form New Client Information page and submit electronically through Health Risk Services Inc.

Contact Information

Name:

Company:

Phone No.:

Cell No.:

Email:

Health Risk Services Inc. is accountable for all personal or corporate information in our possession or control. This includes any personal or corporate information that we receive directly from you as well as other information we obtain indirectly from sources such as Medical Professionals or government agencies. We have established policies and procedures aimed at protecting ALL personal and corporate information. We have also educated our partners and employees about our Privacy Policy and their role in protecting your personal information. If you have questions about our privacy practices, please feel free to contact us.

