



CLIENT INFORMATION QUESTIONNAIRE (CIQ)

Name of Employer: _____

Policy Number (to be completed by RBC Insurance): _____

Section 1 – DIVISION, SUBSIDIARY, OR AFFILIATE INFORMATION

WHAT DO WE MEAN by Billing Division, Subsidiary or Affiliated Company?

BILLING DIVISION: For billing purposes only, policyholders may choose to have more than one billing division and have a separate premium statement for each billing division. (For instance, a group may be divided into Accounting, Sales and Shipping Departments and have three separate premium statements issued and, if need be, to different addresses and billing contacts).

- A billing division will not be listed in the contract, unless it is also to be a Subsidiary or an Affiliated Company.
Subsidiary or Affiliated Companies, can have their own billing divisions. However, this is not required.
Billing Divisions require a minimum of 3 lives.

A SUBSIDIARY COMPANY is an entity that is controlled by the main policyholder by virtue of majority (51% or more) stock ownership. The contract must specifically name the Subsidiary Companies covered, including name and location. For Underwriting purposes, the same information required to issue the parent company a contract is necessary for each Subsidiary Company covered (in order to determine if such Subsidiary Company is eligible to be insured under the policy), as well as a description of the nature and degree of parent company control (%).

AN AFFILIATED COMPANY is a company with common control to the main policyholder such as through stock ownership, common officers, and various work agreements and/or contracts. The contract must specifically name the Affiliated Company covered, including name and location. For Underwriting purposes the same information required to issue a single employer a contract is necessary for each Affiliated Company covered (in order to determine if such Affiliated Company is eligible to be insured under the policy), as well as a description of the nature and degree of common control (%) of each company.

Will there be more than one Billing Division? [] Yes [] No

Are Subsidiary or Affiliated Companies to be listed in the contract? [] Yes [] No

If you answered NO to both the above questions then one premium statement will be sent to the main policyholder's address as listed in the main application. No Subsidiary or Affiliated Companies will be listed in the policy or insured under the policy. Please complete the Division #1 information section below and proceed to Section 2 – RBC Insurance Billing Features.

If you answered YES to either of the above questions please complete the information requested in the Division #1 information section below and subsequent sections on the next page.

Division # 1: Full Legal Name: _____

Relationship to Policyholder (Check all that are applicable): [] Billing Division [] Affiliate/Subsidiary

Degree of Control of Parent Company or common ownership % (applicable to only to affiliate or subsidiary): %

Name of Billing Contact: _____ Email: _____

Name of Claims Contact: _____ Email: _____

Address: _____

Phone (include area code): _____ Fax (include area code): _____ Correspondent Language Preference: English [] French []



Division # 2: Full Legal Name: _____		
Relationship to Policyholder <i>(Check all that are applicable):</i>	<input type="checkbox"/> Billing Division	<input type="checkbox"/> Affiliate/Subsidiary
Degree of Control of Parent Company or common ownership % <i>(applicable to only to affiliate or subsidiary):</i>		_____ %
Name of Billing Contact:	Email:	
Name of Claims Contact:	Email:	
Address: _____ _____		
Phone (include area code):	Fax (include area code):	Correspondent Language Preference: English <input type="checkbox"/> French <input type="checkbox"/>

Division # 3: Full Legal Name: _____		
Relationship to Policyholder <i>(Check all that are applicable):</i>	<input type="checkbox"/> Billing Division	<input type="checkbox"/> Affiliate/Subsidiary
Degree of Control of Parent Company or common ownership % <i>(applicable to only to affiliate or subsidiary):</i>		_____ %
Name of Billing Contact:	Email:	
Name of Claims Contact:	Email:	
Address: _____ _____		
Phone (include area code):	Fax (include area code):	Correspondent Language Preference: English <input type="checkbox"/> French <input type="checkbox"/>



Section 2 – RBC INSURANCE BILLING FEATURES:

2a) Employee Identification Numbers:

RBC Insurance is pleased to offer you the ability to utilize your own employee identification numbers within our systems. This will allow you to have one unique number to track employees amongst all your insurance carriers and offer you the ability to easily reconcile your records with ours.

Please note the following:

- Employee identification numbers must be numeric.
- Employee identification numbers must be nine digits (*i.e.* 000123456).
- Employee identification numbers must be unique within your organization (*i.e.* employees in Division 1 and Division 2 cannot have the same number, etc.).
- Employee identification numbers will have to be provided on the initial census (enclosed) and on any future correspondence (*i.e.* enrollments, terminations, etc.) regarding the employee.

Please indicate your preference below:

- Yes, we would like to utilize our own unique identification numbers for our employees and have included this information within the census listing attached.

- No, we will have RBC Insurance randomly assign employee identification numbers for employees.

2b) Internet Billing Services (iServices):

RBC Insurance is pleased to offer Internet Billing Services, which include:

- Online Premium Statements, and
- Data Transfer.

If your policy is Insured Administered billed with a monthly mode of billing and your company meets the following technology requirements, you are eligible for some or all of RBC Insurance's iServices.

Minimum System Requirements:
Windows Operating System, version 95 or higher
Microsoft Internet Explorer 5.0 or Netscape Navigator 6.0 or higher
Laser, Bubble-Jet or Ink-Jet Printer
Note: Macintosh computers and Dot-Matrix printers are not supported at this time

For More Information:

Please contact our iServices Centre toll-free at 1-888-840-1148, or via e-mail at iServicesCanada@rbc.com. View our online demonstrations at <https://iservices.rbc.com/iservices/logwindow.asp?Country=CAE> (English) , <https://iservices.rbc.com/iservices/logwindow.asp?Country=CAF> (French). Click on the Benefits Managers/iServices button.

To Register

Complete the registration form on the following page and submit it with your application.



RBC iServices Registration Form

REGISTERED iSERVICES SELECTION:

Please register me for:

Online Premium Statement

Data Transfer

SITE PLAN ADMINISTRATOR INFORMATION:

The Site Plan Administrator is able to view and update all information and grant or remove access for other users within your organization.

Choose A User Name:

(5 to 10 alphanumeric characters including at least 2 letters and at least 2 numbers)

First Name: _____

Last Name: _____

Mother's Maiden Name:

(For password security only)

Work Phone Number (include area code): _____

Email (if different than the Billing Contract): _____

MAILER NOTIFICATIONS:

This individual will receive all email notifications (i.e. bill has been posted to the site, premium is overdue, etc.) If this person is the same person as the Site Plan Administrator named above, you may leave this section blank.

Choose A User Name:

(5 to 10 alphanumeric characters including at least 2 letters and at least 2 numbers)

First Name: _____

Last Name: _____

Mother's Maiden Name:

(For password security only)

Work Phone Number (include area code): _____

Email (if different than the Billing Contract): _____



Section 3 – FOREIGN COVERAGE:

Are there any Canadian employees working in any other countries to be covered? Yes No

If Yes, please indicate which countries and dates of departure and expected date of return:

EMPLOYEE NAME	COUNTRY	DATE OF DEPARTURE FROM CANADA	EXPECTED DATE OF RETURN TO CANADA

NOTE: International extensions of coverage may be subject to Underwriting approval.

Section 4 – POLICY/BOOKLET MATERIAL INFORMATION:

Options for Booklet Printing:

- Electronic Booklets (RBC Insurance standard booklet format) (Complete Sections 4A, 4B and 4C)
- RBC Insurance Printed Booklets (non-standard booklet format) (Complete Sections 4A, 4B and 4D)
- Third Party Printed Booklets (Complete Sections 4A and 4E)

(*Third Party* means someone other than RBC Insurance 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.)

Note: If different options are required by class, please complete all applicable sections.

4A) [Section A – Language and Style \(Complete for all Options above\)](#)

Policy Language Is To Be In:	<input type="checkbox"/> English <input type="checkbox"/> French <i>NOTE: If Employer is Head Quatered in Quebec, policy will be automatically issued in French.</i> <input type="checkbox"/> If a French policy is issued, an English Copy (stamped as such) is also required
Shipping Instructions For Administration Materials:	<i>(NOTE: Booklets cannot be delivered to a P.O. Box # or a R.R. #)</i> <input type="checkbox"/> Policyholder <input type="checkbox"/> Broker
For Groups With 250+ Lives:	Is Booklet Draft Wording Required? (Hardcopy Only) <input type="checkbox"/> Yes <input type="checkbox"/> No
For Groups With A TPA And Blended Rates, Or With Reverse Combo:	Include Individual Coverage Summary: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, use the following format: <input type="checkbox"/> 8 ½" x 11" (standard) <input type="checkbox"/> booklet style (side-by-side) <i>NOTE: These will be sent on a CD.</i>

4B) [Section B – Extra Printing \(Complete for RBC Insurance Printed Booklets and Electronic Booklets Only\)](#)

Name To Be Printed on English Booklet Cover Page:	<input type="checkbox"/> Legal Name <input type="checkbox"/> Other: _____
Name To Be Printed on French	



Booklet Cover Page (if applicable):	<input type="checkbox"/> Legal Name <input type="checkbox"/> Other: _____ _____
Eligible Group/Class Number or Title To Printed On Cover Page:	<input type="checkbox"/> Eligible Group/Class Number <input type="checkbox"/> Eligible Group/Class Title
Descriptive Phrase To Be Printed on English Cover Page:	<input type="checkbox"/> Your Group Insurance Benefits <input type="checkbox"/> Other: _____ _____
Descriptive Phrase To Be Printed on French Cover Page (if applicable):	<input type="checkbox"/> Votre régime d'assurance collective <input type="checkbox"/> Other: _____ _____
For Groups With 250+ Lives:	Is Broker's Name to be Printed on Back Page? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Broker's Address to be Printed on Back Page? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Special Instructions: _____ _____

4C) [Section C – Electronic Booklets \(Complete for Electronic Booklets Only\)](#)

Ebooklets are required for which Class(es):	<input type="checkbox"/> All <input type="checkbox"/> Class(es): _____ A Plan Summary of Benefits will be sent on request electronically for clients to print themselves in colour or black and white. Ebooklets and Plan Summaries of Benefits will be provided on request in PDF format only and will be sent on a CD. NOTE: Viewing Access Only Agreement will be issued. Policyholder can have limited printed booklets with electronic option.
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4D) [Section D – Printed Quantities \(Complete for RBC Insurance Printed only\) – Booklet quantities can include up to 25% over the number of lives.](#)

Printed Number of Booklets Per Eligible Group/Class		
Eligible Group/Class Number or Letter	English	French
Eligible Group/Class:		
Eligible Group/Class:		
Eligible Group/Class:		
Eligible Group/Class:		
Eligible Group/Class:		

4E) [Section E – TPP Booklets Only \(Complete for TPP Printed only\)](#)

A Third Party Print Agreement will be issued. Booklet wording will be sent on a CD and one hardcopy will also be provided.

Final booklet wordings on CD and reimbursement cheque are to be sent to:

Company Name: _____
Contact Name: _____

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Section 5 – GROUP RATES:			
	GROUP/CLASS _____	GROUP/CLASS _____	OTHER _____
LTD			
Sold Rate:			
LTD NEL (No Evidence Limit):			
LTD Rate Guarantee:			
LIFE:			
Sold Rate::			
Life NEL:			
Life Rate Guarantee:			
VOLUNTARY LIFE:			
Sold Rate: <i>(Attach Rate Table)</i>	<i>(Attach Rate Table)</i>	<i>(Attach Rate Table)</i>	<i>(Attach Rate Table)</i>
Voluntary Life Rate Guarantee:			
AD&D			
Sold Rate :			
AD&D Rate Guarantee:			
STD			
Sold Rate:			
STD Rate Guarantee:			
DEPENDENT LIFE			
Sold Rate:			
Dep Life Rate Guarantee:			

COMMENTS:
