



Employee Benefit Plan Quote Request

Name of church or organization			Denominational affiliation, if any,		
Name of contact person			Title		
Address		City	Province	Postal Code	
Organization Phone	Contact Phone	Fax		Email	

ONLY FULL-TIME EMPLOYEES QUALIFY (See brochure)

NAME OF EMPLOYEE AND/OR EMPLOYEE CODE # (Please do not list family members - only full-time employees)	SEX (✓)		DATE OF BIRTH			MARITAL STATUS (✓)		NUMBER OF DEPENDENT CHILDREN	STATUS IN CANADA 1 - Cdn. Citizen 2 - Landed Imm 3 - Work Permit	JOB TITLE	BASE EARNINGS
	M	F	D	M	Y	S	M				Yearly <input type="checkbox"/> (✓) Monthly <input type="checkbox"/> Weekly <input type="checkbox"/>
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

More particulars and a specific quotation may be obtained without obligation by returning this completed quote request. Participation in the plan is conditional on a CCCC affiliation.

PLEASE SEND TO: CCCC, 1-43 Howard Ave, Elmira, ON N3B 2C9 ♦ Website: www.cccc.org ♦ Phone: 519-669-5137 ♦ Fax: 519-669-3291 ♦ Email: mail@ccc.org