

**Advantage Insurance Inc.**

**254 Brant Ave, Suite #1**

**Brantford, ON N3T 3J5**

**Phone: 1-866-539-0980**

**Local: 1-519-752-0911**

**Fax: 1-519-752-0948**

**celina@advantageinsurance.ca**

**www.YourAdvantageInsurance.com**

**Extended Health Care**

* Prescription Drugs
* Ambulance coverage
* Paramedical services including:
* Massage Therapy
* Chiropractor
* Physiotherapy
* And many more!
* Eye examinations
* Emergency travel health care

**Dental Care**

* Cleaning twice a year
* X-rays
* Extractions
* Endodontics
* Periodontics & much more…

**Group Term Life Insurance**

* Select either flat amounts or multiple of salary.

**Critical Illness**

* A lump sum of $25,000 is paid in the event you are afflicted with a critical illness as defines in the policy.

**Accidental Death & Dismemberment**

* Doubles the amount of insurance if death is caused by accident and includes loss of use coverage.

Added Bonus: **BEST DOCTORS**

**Disability Coverage**

* Coverage can begin from the first day of an accident and the eighth day of an illness.
* Income replacement benefits can continue till age of 65

Contact Name: First, Last

Company: Legal Company Name.

# of employees: #.

Address: Street No & Name

City:city of residence Prov: Choose an item.

Phone:area code + no. Fax: area code + no.

Email: enter email.

Please contact me with information on:

[ ] Group Benefits

[ ] Critical Illness

[ ] Business Overhead Benefits

[ ] Chamber/Board of Trade Membership

[ ] Health/Dental

[ ] Income Replacement

Email this form to: **celina@advantageinsurance.ca**

Fax to: 1-519-752-0948

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Name** | **Occupation** | Birthdate | Male / Female | Single / Couple / Family | Does spouse have group insurance?Dental Health | Gross monthly income |
| 1 | Last, first |   | yyyy/mm/dd |   |   |[ ] [ ]    |
| 2 | Last, first |   | yyyy/mm/dd |   |   |[ ] [ ]    |
| 3 | Last, first |   | yyyy/mm/dd |   |   |[ ] [ ]    |
| 4 | Last, first |   | yyyy/mm/dd |   |   |[ ] [ ]    |
| 5 | Last, first |   | yyyy/mm/dd |   |   |[ ] [ ]    |
| 6 | Last, first |   | yyyy/mm/dd |   |   |[ ] [ ]    |
| 7 | Last, first |   | yyyy/mm/dd |   |   |[ ] [ ]    |
| 8 | Last, first |   | yyyy/mm/dd |   |   |[ ] [ ]    |