



Data collection form

SECTION 1 – INFORMATION ABOUT THE COMPANY OR ASSOCIATION

Name	
Mailing address	
Contact name	
Contact title	
Phone number	
Email address	

Nature (type of industry)	
Legal form <small>(Sole proprietorship, joint stock company [corporation], partnership, limited partnership, not-for-profit corporation [NPO], association, etc.)</small>	
Start date of operations	
CNESST employer contribution rate <small>(Not applicable to associations)</small>	
Prospective contract holder <small>(Employer/union/association)</small>	
Anticipated employer contribution amount <small>(% of overall premium, per benefit or fixed amount. Not applicable to associations)</small>	
Number of pay periods per year <small>(12, 24, 26 or 52. Not applicable to associations)</small>	

If there is a group insurance plan currently in place

Current insurer	
Contract holder (Employer, union, employer and union, association)	
Plan effective date	
Renewal date	
Number of employees or members currently insured	
Date of last RFP and results	
Does the current plan meet the needs of the employer and employees / the association and its members?	

SECTION 2 – NEEDS OF THE COMPANY OR ASSOCIATION

Why does the company or association wish to offer a group insurance plan?	
What are the challenges in terms of its employees or members? (Attraction, retention, motivation, etc.)	
What are its values? (What inspires and guides it, for example, innovation, tradition, excellence, equity, individual well-being, growth and development, etc.)	
What is its financial capacity? (Is the company or association financially stable? Is it planning to expand or reduce its activities? What is its financial capacity for achieving its overall HR strategy?)	
Any other information that you feel is relevant (For example, if there is no plan currently in place: <ul style="list-style-type: none"> • Were any steps taken previously toward putting a plan in place? If yes, what was the reason a plan was not put in place? • Was there ever a plan in place in the past? If yes, why was it cancelled? • Is there a pension plan in place?) 	



SECTION 3 – INFORMATION ABOUT EMPLOYEES OR MEMBERS

Desired waiting period (3, 6, 9 months or after working a certain number of hours, etc.)			
Number of permanent employees ¹ or members (Working more than 20 hours per week)			
Number of temporary employees or members			
Do any employees or members work from home?	<input type="radio"/> yes	<input type="radio"/> no	
Are any employees or members seasonal?	<input type="radio"/> yes	<input type="radio"/> no	If yes, identify them in the list of employees or members
Do any employees or members receive commissions?	<input type="radio"/> yes	<input type="radio"/> no	If yes, identify them in the list of employees or members
Do any employees or members receive bonuses?	<input type="radio"/> yes	<input type="radio"/> no	If yes, identify them in the list of employees or members
Do any employees or members work outside of the country on a permanent basis?	<input type="radio"/> yes	<input type="radio"/> no	If yes, identify them in the list of employees or members and indicate the country in question
Do any employees or members have to work outside of the country for certain periods of time?	<input type="radio"/> yes	<input type="radio"/> no	If yes, identify them in the list of employees or members and indicate the country in question and the period of absence
Are some employees or members (including owners) not covered by the CNESST?	<input type="radio"/> yes	<input type="radio"/> no	If yes, identify them in the list of employees or members
Are some employees or members (including owners) not covered by Employment Insurance?	<input type="radio"/> yes	<input type="radio"/> no	If yes, identify them in the list of employees or members
Do the owners of the company pay themselves dividends? (Not applicable to associations)	<input type="radio"/> yes	<input type="radio"/> no	If yes, indicate how frequently
Would it be possible to conduct an employee or member survey?	<input type="radio"/> yes	<input type="radio"/> no	
Has an employee or member survey previously been conducted?	<input type="radio"/> yes	<input type="radio"/> no	
If yes, when? What were the key findings?			

Use the attached document to create a list of employees or members, and a list of absent employees or members.

¹According to Revenu Québec, an individual is considered to be an employee if, under a written or verbal contract, the person undertakes for a limited time to do work for remuneration under the direction or control of an employer. An individual is self-employed, and not an employee, if the person is free to choose the means of carrying out a contract and no relationship of subordination exists between the person and the client (company). Source: REVENU QUÉBEC, [Employee or Self-Employed Person?](#)

REQUIRED DOCUMENTS

- A copy of the collective agreement or contract of employment (not applicable to associations)
- Mandate²

If there is already a plan in place

- A copy of the insurance contract and riders
- The benefits booklet for each employee or member class
- Rates for the past three years
- Experience results for the past three years for short-term disability, extended health and dental insurance
- Most recent invoice
- EP3 certificate

²The Chambre de la sécurité financière has included information about the mandatory written mandate in its advisor toolbox. We encourage you to review this document. Source: Chambre de la sécurité financière, [Required mandate for group insurance of persons](#).