

"We need more!"

Fax back this form and we'll send you additional enrollment packages and/or brochures to distribute to employees who are losing their benefits or are not eligible for group coverage.

SoloPLUS Conversion Package _____ Quantity _____

Application Forms _____ Quantity _____

If you would like extra copies of the application forms, simply specify how many you'd like us to send you.

Your Contact Information

Company Name: _____

Attention: _____ Job Title: _____

Address: _____ Suite: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: () _____ Ext.: _____ E-mail: _____

To help us serve you better, please provide the following information:

Number of Employees: Under 10 10 to 50 51 to 250 Over 250

Name of current group health plan provider: _____

Fax this form now to: 705.719.3078

You can also print off more forms and applications online by visiting the "Documents & Forms" section of our website www.soloplus.ca.



Toll Free: 888.719.3077 or 705.719.3077
Visit www.soloplus.ca or email us at apps@soloplus.ca