



ClearBenefits.ca

Agent of Record Information Package



Welcome to ClearBenefits.ca

Thank-you for choosing to work with ClearBenefits.ca.

ClearBenefits.ca as your Servicing Agency

ClearBenefits.ca is a web-based Group Benefits provider, developing, distributing and managing a complete range of Group products and services from exclusive pooled programs to brokerage and management of traditional Group Benefits programs and more.

Marketing Authorization

Selecting the Marketing Authorization option lets Group Benefits providers know that you have chosen to work exclusively with Dale Campbell of ClearBenefits.ca to obtain quotes on your behalf for your business. This does **NOT** affect Agent of Record status for an existing plan.

Agent of Record

Selecting the Agent of Record option is direction to your current Group Benefits provider that you are choosing to appoint Dale Campbell of ClearBenefits.ca as your Agent of Record.

Transfer Process

The transfer takes 5— 10 business days. Once the transfer is complete, you will receive a call from our office to welcome you, and work with you on any immediate issues there may be.

**Please complete and return the form on the last page of this PDF
on your company letterhead to our office for processing**



Administration & Support

Service to Simplify Administration

Our dedicated service staff are your direct contact, and will be in touch with you on a regular basis.

[ClearBenefits.ca](https://clearbenefits.ca) service process is designed to keep your plan current while containing costs and effectively eliminating common administrative issues that can arise.

Initial Service Issues?

- Definition of eligible staff, waiting period etc.
- Permanent full-time staff not currently on the plan
- Missed staff or late applicants
- Staff on; disability, maternity / paternity leave or leave of absence
- Update salaries
- Update family status of staff
- Over-age dependents attending post-secondary (ages 21 - 25)
- Staff with severance benefits
- Establish a policy for benefits during various employment situations (ie. disability etc.)



Getting started...

Please complete and return the form on your company letterhead to:

connect@clearbenefits.ca

Your completed “Agent of Record” letter will appoint your [ClearBenefits.ca](https://clearbenefits.ca) as your servicing agency.
This becomes effective within 5— 10 business days.

Once the change is complete, you will receive a call from our office to welcome you,
and address any initial service issues.

Thank-you for choosing to work with [ClearBenefits.ca](https://clearbenefits.ca).

Agent of Record Notification

Marketing Authorization

_____ Choosing this option appoints [ClearBenefits.ca Inc](#) to market our account(s) to other insurance companies, other organizations underwriting such plans or wholesale brokers on my behalf. This authorization shall remain in effect until revoked by the undersigned in writing.

Agent of Record

- 1) _____ Choosing this option appoints [ClearBenefits.ca Inc.](#) as our Agent of Record, and authorizes to become our servicing agency for the purposes of providing service, soliciting quotations and negotiating on our behalf in regard to our Employee Benefits Program.
- 2) This is our authorization to any insurance company or other organization underwriting such plans to supply [ClearBenefits.ca Inc.](#) with any information as may be requested regarding existing plans, possible future plans, or quotations on our current Employee Benefits plan.
- 3) This also constitutes our request to any such organizations to recognize [ClearBenefits.ca Inc](#) as Agent of Record with respect to any such plans, and to pay any commissions that may be due on such business.

Disclaimer:

Information collected by [ClearBenefits.ca](#) and it's associates is used for the purpose of allowing Insurance providers, [ClearBenefits.ca](#) and it's associates, insurance companies, other organizations underwriting such plans or wholesale brokers to prepare proposals and services including employee benefits, and other related products and services. Information collected will remain confidential and only be used for these purposes.

Dated at _____ this _____ day of _____ / 20__

Client Authorized Signature

Name & Title

Company Name

Insurance Carrier & Plan #