## **Pinnacle Cet a Quote for your Cornerstone Employee Cover**

Please complete and return to ask@pinnaclelife.co.nz. Call us on 0800 22 22 23 with questions.

Your company details:						
Company Name						
Company Name:						
Company Address						
What does your company do?						
Your CA ANZ membership number						
How many employees will be covered?						
Number:						
Key contact for quote						
Name						
Phone number						
Email						
Cover						
Life Cover requested						
Critical Illness Cover requested						

Cover available will depend on the number of employees to be insured.

	Life Bene	əfit		Critical Illness Benefit			
	\$25,000	\$50,000	\$100,000	\$150,000	\$10,000	\$20,000	\$40,000
5-9 Insured Employees	~						
10-19 Insured Employees	~	~			$\checkmark$		
20-29 Insured Employees	~	~	~		$\checkmark$	~	
More than 30 Insured Employees	~	~	~	~	$\checkmark$	~	~

Please give us your employee details on the next page. Use multiple pages if necessary.

Feel free to provide the information in the format that is easiest for you.

We'll get back to you with any questions.

**Pinnacle** Life Employee details for Cornerstone Employee Cover

Your Employees details * required fields for quote								
First Name	Last Name	Gender*	Date of Birth*	Occupation *				
		Gender	Birth					