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Employee Data Sheet

Company Name: _____

All Employees Full time? Yes No
If no, _____

Effective Date: _____

Current Group Benefits: Yes No

Are all employees actively at work? Yes No
If no, _____

If yes, _____ Since: _____

Employee ID*	Occupation	Con- tractor Y or N	Date of Birth			S e x	Annual Salary	Date Employed		Depen- dents Y or N	Worker's Comp. (WCB) Y or N	Coverage Required	
			D	M	Y			M	Y			Dental	EHC
1													
2													
3													
4													
5													
6													
7													
8													
9													
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11													
12													
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18													
19													
20													

*Due to privacy legislation, please do not provide employee names or social insurance numbers. You may use employee numbers or alpha/numeric codes (eg. 1,2,3 or a, b,c) that have been assigned to employees for quoting purposes.

