

□ Janet Shygera, CPCA, EPC □ Michael (Mick) Shygera

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Current Group Benefits: Yes No If yes, _____ Since: _____

Employee Data Sheet

Company Name: _	 All Employees Fu	I time? Yes	No
	lf no,		

Effective Date: _____

Are all employees actively at work? Yes No

If no, _____

Employee ID*	Occupation	Con- tractor Y or N	Da	Date of Birtl		S e x	Annual Salary	Date Employed M Y		Depen- dents Y or N	Worker's Comp. (WCB) Y or N	Coverage Required F = Family S = Single W = Waived Dental EHC	
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*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.



Employee ID*	Occupation	Con- tractor Y or N	Date of Birth D M Y		S e x	Annual Salary	Date Employed M Y		Depen- dents Y or N	Worker's Comp. (WCB) Y or N	Coverage Required F = Family S = Single W = Waived Dental EHC		
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