

# Employee Data Sheet



Company Name:  
(Legal Name of Company)

Coverage Type:  
 (S) Single One person to be covered  
 (C) Couple Two people to be covered  
 (F) Family Three or more people to be covered  
 (W) Waive Employee's spouse has other coverage\*\*

	Employee First & Last Name (Please include all T4 Employees)	Job Title	Hours Per Week	Male/ Female	Date of Birth (DD/MMM/YYYY)	Date of Hire* (DD/MMM/YYYY)	Is Employee: Related, Disabled, Contractor, Seasonal, Union, Commission?	Coverage Type: S / F / C / W	Province of Residence	Income *** Indicate annual / monthly
	Joe Sample	Mechanic	40	M	05/MAR/1971	01/JUN/2014	Union	F	BC	\$4500/mo.
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\* Date of Hire required; indicates low turnover and stability and proves waiting period

\*\* If an employee's spouse has coverage through his/her employer, they may have the option to waive Extended Health and Dental Coverages  
The spouse will be required to be enrolled in the plan and be included in the Life and Disability Coverages

\*\*\* Income required only if requesting quote for Long & Short Term Disability Coverages

By submitting this form we agree to allow Glen Naylor Group Benefits to use our information to obtain quotes for Group Benefits within their existing Provider Network.