

Employee Data Sheet



Company name

	Employee name	Occupation	Class	Sex	EHC	Dental	Date of birth (dd-mm-yyyy)	Salary	Salary frequency	Hours per week worked	Province of residence	Date of hire (dd-mm-yyyy)
1								\$				
2								\$				
3								\$				
4								\$				
5								\$				
6								\$				
7								\$				
8								\$				
9								\$				
10								\$				
11								\$				
12								\$				
13								\$				

Coverage Status:

(S) Single = means you have no dependent spouse or children

(SP) Single parent = an adult parent plus dependent child(ren)

(C) Couple = two adults - married or common-law

(F) Family = coverage for your spouse and / or children will be provided

(W) Waiving = means you are waiving coverage for health and dental benefits because you already have coverage for those benefits elsewhere (personal plan or coverage through your spouse's employer). You will still be covered for all other benefits under the plan. Example - Life Insurance.

Salary Frequency: A = Annual M = Monthly BW = Bi-weekly W = Weekly H = Hourly

Note: For any salaries indicated as payable Hourly, please indicate the number of hours worked per week.