

EMPLOYEE DATA FORM



Please use this form to obtain a quote by e-mail or print and fax to: 604.676.2260

Company Information

Company Name	
Contact	
Address	
Postal Code	
Telephone	
Fax	
E-mail	

Employee Benefit Data

Employee

	Occupation	Sex	Date of Birth DD/MM/YYYY	Date of Hire DD/MM/YYYY	Type of Coverage Health and Dental	Salary Monthly	Province
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							