

Pooled Benefits Programs
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Advisor Name		Effective Date
Company Name		
Business Address		
City / Province / Postal Code		
Phone / Email		
Nature of business:		
Current Employee Benefit plan?		

Employee Name	Occupation	Birth Date	Gender	Province of Residence	Weekly Hours	Wage / Salary	Date Employed	S/C/F	Class

Payroll Frequency: ___ Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly

S = Single C=Couple F = Family W = Waiving EHC & Dental I/C = Independent Contractor