



**GROUP MARKETING DEPARTMENT**

Confidential Employee Data Sheet

Fax: 519-690-1463

Phone: 1-866-323-3273

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

N U M B E R	EMPLOYEE NAME	C L A S S	DATE OF BIRTH	S E X	DATE EMPLOYED	OCCUPATION TITLE	SALARY	P R O V I N C E	DEPENDENT COVERAGE (FAMILY COVERAGE)		HEALTH CARE	DENTAL CARE
									YES	NO		
									S-single W-waiver/opt out		F-family	
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