



Company: _____

Phone: _____

Attention: _____

Fax: _____

EMPLOYEE BENEFITS DATA SHEET

To obtain a quotation on insurance, please complete all fields for each employee.

In addition, please indicate your responses to the four questions at the bottom of the page.

When completed, please email this form to Jolene Friesen at benefits@parityagencies.ca, or fax it to 1-888-222-1611

No.	Employee Name	+ Class	Sex	Marital Status	Date of Birth (dd/mm/yy)	Earnings *	Occupation	Health Cov **	Dental Cov **	Province
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Notes:

* Earnings mean basic gross salary, commissions & bonus (bonus/commissions shall be the annual average of the last 2 years) as it appears on T4 or T4A.

** For Health & Dental coverage, indicate "S" for single, "F" for family, or "X" for opting out as coverage is provided through the spouse's employer.

+ Class A - Owners, Management and selected Senior Employees Class B - All other employees

Questions

- | | | |
|---|-----|----|
| 1. Does your company currently have coverage through another benefit plan? Please circle one.
(If you answered yes to the above question, please also provide us with a copy of your most recent bill, and your current benefits booklet.) | YES | NO |
| 2. Are you a member of the IBABC? Please circle one. | YES | NO |
| 3. How many years has your company been in business? _____ | | |
| 4. Are any employees off work at this time due to disability or maternity/paternity leave? Please circle one. | YES | NO |