

# Group Benefits Employee Data Sheet

Company Name	
Company Address	
Contact Person	
Contact Phone #	
Email	

<u>EMPLOYEE NAME</u>	<u>OCCUPATION</u>	<u>SEX</u> M/F	<u>AGE</u> DD/MMM/YR	<u>EARNINGS</u>	<u>DENTAL</u> S=single F=Family W=waived	<u>HEALTH CARE</u> S=single F=Family W=waived
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

LIFE		HEALTH	
AD&D		PARAMEDS	
CRITICAL ILLNESS		DRUGS	
SHORT TERM DISABILITY		DENTAL	
LONG TERM DISABILITY		CONTACT	

*Thank you for the opportunity to quote on your business*

*Susan Hilman*

**Insurance & Investment Broker**

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