THE BENEFIT SPECIALISTS CORP.

Benefits Focused On You

Company Name: **Date:**

Please note that if you have a spouse that has coverage through an insurance company you would still be on this plan but would waive the health and dental

	Employee Name	Male/Female	Date of Birth Year	Age	single/family/waiving - due to coverage through spouse	Earnings per year	Occupation	Date of Hire yyyy	Prov. of Residence	Class if Apllicable	Number of Hours per Week
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Benefits Focused On You

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