THE BENEFIT SPECIALISTS CORP.

Benefits Focused On You

Company Name: **Date:**

Phone Number (403) 547-5236 Fax: (403) 547-3106
Website: www.beneco.ca

****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	M/F	Birth Year	Age	Single/Family/Waiving (coverage through spouse)	Earnings Per Year	Occupation	Date of Hire (yyyy)	Prov. of Residence	Class (if Applicable)	Hours per Week
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