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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