EMPLOYEE CENSUS SHEET

FOR QUESTIONS OR IMMEDIATE SERVICE
Call toll free 1 (877) 361-9936 or FAX (250) 598-6445

Firm Name _____ Phone No: _____

Contact Name _____ Fax No: _____

Title _____ E-mail: _____

Address _____

City _____

Postal Code _____

PLEASE QUOTE ON GROUP		Yes	No
Life/ AD&D/ Dependant Life		θ	θ
Extended Health		θ	θ
Dental Plan	Weekly	θ	θ
Idemnity		θ	θ
Long Term Disability		θ	θ
Pension/RRSP		θ	θ

Please prepare a quotation based on the following employee census. I understand that all information is treated in strict confidence. All eligible employees (20 hours a week or more) should be listed. Those with spousal coverage should be noted as ***waived***.

Employee name or code	Sex	Date Born		Marital Status			Date Employed		Job Description	**Annual Earnings	
		Mo.	Yr.	Single	Family	Waived *	Mo.	Yr.			

* Only medical and/or Dental coverage may be "Waived", and **only if** employee is covered under spouse's plan

** Please complete annual earnings if you wish us to quote on WI or LTD (short or long term disability)

Jivko Jeliazkov
210-2187 Oak Bay Ave.
Victoria, BC
V8R 1G1

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Firm name: _____ Page _____ of _____

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