



CONFIDENTIAL EMPLOYEE DATA

Business: _____ **Date:** _____
City: _____ **Postal Code:** _____ **Contact:** _____
Street Address: _____
Telephone # _____ **Fax #** _____ **Email:** _____

	Employee Name	Date of Birth (YYYY-MM-DD)	Occupation	S=Single F=Family C=Couple	*Presently Covered on Spouse Plan Dental / Health		**Duplicate Coverage Health / Dental		Earnings Monthly/Annual
					Yes	No	Yes	No	
	"J. Smith"		Consultant	S	Yes	No	Yes	No	5,000
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

*If employee is "Currently Covered" for "Medical and Dental Benefits" under the spouses plan answer YES
 **If employee would like to have "Duplicate Coverage" and or "If covered for only one benefit" please indicate YES or NO.
 For fax information, please contact your [local advisor](#).