

Ken MacCoy, RHU

Confidential Employee Data

... Your Strategic Financial Partner

Employer: _____

Any eligible employees presently disabled?
 If yes, please provide details – use reverse if necessary. Yes No

Last	Employee Name First	Sex	Marital Status	EHC/Dental Code (see below)	Date of Birth MM/DD/YY	Age	Salary (see note below)	Hours per Week	Occupation	Employment Date MM/DD/YY	Prov. of Res.
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EHC/Dental Coverage Codes
 S – Single Coverage (coverage for Employee Only)
 F – Family Coverage (coverage for Employee and Eligible Dependents)
 W – Waived for Extended Health and/or Dental Coverage (to be eligible for waiver, employee must be covered by spouse's plan)

→ please indicate salary basis – ie. per month, year, hour, etc