



Benepac®/Benaccount® Confidential Employee Data

Name of Employer _____

Are there any eligible employees who are not participating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do all employees work a minimum of 20 hrs per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all employees covered by WCB? <input type="checkbox"/> Yes <input type="checkbox"/> No	What percentage of employees are related? (by blood or marriage) _____%
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Are any eligible employees currently absent from work? If yes, please provide details <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any eligible employees presently disabled? If yes, please provide details including date of disability, nature of disability, prognosis, if Life Waiver was approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employee	Sex	Marital Status	Coverage Code	Birthdate DD/MM/YY	Age	Salary	Salary Frequency	Hours per week	Independent Contractor Y/N	Seasonal Employee Y/N	Occupation	Hire Date DD/MM/YY	Prov. of Res.
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2													
3													
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EHC/Dental Coverage Codes
S – Single Coverage (coverage for Employee only)
C – Couple Coverage (Employee and one dependent)
F – Family Coverage (coverage for Employee and Eligible Dependents)
W – Waiver for Extended Health and/or Dental Coverage
(to be eligible for waiver, employee must be covered by another group plan)

The information stated above may be used for the purpose of soliciting quotes from other insurers that work with BBD. If this is not acceptable, please state so in your submission.