This plan is arranged by: Glenn Kehrer, CEBS, CFP
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Confidential Employee Data Sheet

15-Jul-2015

Company:
Administrator:
Address:

Phone Number:
Date:

Are all employees covered by Workers' Compensation? _

Employee Name	Occupation	Gender	Annual Earnings	Spouse and/or Dependents (yes or no)	Coverage Requested - Single/Family -	Spousal Waivers	Date of Birth YY/MM/DD	Province of Residence	Date of Employment YY/MM/DD	AGE
Jane Example	*Administration Manager*	*Female*	*$45,000.00*	*yes*		*waive*	*6-Feb-70*	*MB*	*Feb-02*	45
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