



Confidential Employee Data

Employer Name _____
 Proposed Effective Date _____

Number	Employee Last Name	Class	Date of Birth (yyyy-mm-dd)	Age	Gender	Occupation	Salary	Salary Basis (see below)	Hours Per Week	Province	Coverage Status (see below)	
											Health	Dental
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

H = Hourly
 W = Weekly
 B = Bi-Weekly
 S = Semi-Monthly
 M = Monthly
 A = Annually

S = Single
 C = Couple
 F = Family
 W = Waived (must have spousal coverage)