

# *Employee Information Data Sheet*

**Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

1-4 Employees - Individual Underwriting  
 Is Required  
 5+ Employees - Guaranteed Issue

<i>Employee Name</i>	<i>Employment Date</i>	<i>Birth Date</i>	<i>Sex</i>	<i>Annual Earnings</i>	<i>Status*</i>	<i>Occupation</i>

\* Single - S, Family - F, Waiver - W Subject to Provincial Labour Standards

Are You a Member of the Better Business Bureau?    Yes    No

\*\* All Employees Working >20 Hours Per Week Must be Included on Quote \*\*

*Please Return by Mail or Fax:*



Attention: Group Benefits Department  
 262 Queen Street South  
 Kitchener, ON N2G 1W3  
 Fax: 519.571.2424  
 email: [benefits@kechnie.com](mailto:benefits@kechnie.com)