

Employee Information Data Sheet

Company Name: _____

Address: _____

Contact Name: _____

Phone: _____

Email: _____

Please Note:

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

Employee Name	Employment Date (DD/MM/YYYY)	Date of Birth (DD/MM/YYYY)	Gender	Annual Earnings	Hours/ Week	Status*	Occupation

*Status: Single—S, Family—F, Waive—W

Subject to Provincial Labour Standards

Please Return Completed Form by E-Mail, Fax, or Direct Mail to:



Attention: Group Benefits
447 Frederick Street, 4th Floor
Kitchener, ON N2H 2P4
Email: Benefits@Kechnie.com
Fax: 519-571-2424