



Company Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____ Work Phone _____

Cell Phone _____ Fax _____ email _____ Company type (Ltd/Proprietor/Etc.) _____

Employee and dependant enrollment (use additional forms if space is insufficient)

	Class	Name	Date of Birth	Sex
Employee #1	1			
Spouse	1			
Child	1			

Special Instructions:

BENEFIT LEVEL:

This is the maximum annual benefit amount for each classification of employee. You may select different benefit levels for different classes of employees. For example; Management, full time, part time, commissioned, etc. This Plan can be modified as provided in paragraph 15 of the agreement.

Employee Classification	Yearly Benefits With Dependants	Yearly Benefits Without Dependants
1.)		
2.)		
3.)		