Employee Census Sheet

Employer _____

Contact Name _____

Title _____

Address _____

City _____

Postal Code _____

Phone No.: _____

Fax No.: _____

Email: _____

Please Quote on Group:	Yes	No
Life/AD&Dependent Life	☐	☐
Extended Health	☐	☐
Dental Plan	☐	☐
Weekly Indemnity	☐	☐
Long Term Disability	☐	☐
Pension/RRSP	☐	☐

Please prepare a quotation on the following census. I understand that all information is held in strict confidence.
All eligible employees (20 hours per week or more) should be listed. Those with spousal coverage should be noted as Waived

For Questions or Immediate Service: **Call Toll Free 1 (866) 380-1990** **Fax Toll Free 1 (866) 380-6030**

Employee Name or Code	Sex	Date Born		Marital Status			Date Employed		Job Description	** Annual Earnings
		Mo	Yr.	Single	Family	Waived*	Mo	Yr.		

Group Benefits Advantage Benefits PLUS www.benefits.bc.ca

* Only Medical and/or Dental coverage may be "waived"and **only if** employee is covered under spouse's plan.

** Please complete annual earnings if you wish us to quote on WI or LTD (short or long term disability income)

Advantage Benefits Plus Inc.
206-2750 Quadra Street, Victoria B.C. V8T 4E8
Phone: (250) 380-1990 Fax: (250) 380-6030

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