# 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. | | |
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* 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

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

# Employee Census Sheet

**Employer:** _____ Page _____ of _____

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