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CONFIDENTIAL EMPLOYEE DATA SHEET

Name of Organization _____

Nature of Business: _____

Years in Business: _____ No. of hours in average work week _____

Name	Sex	Single/ Family	Birth Date D/M/Y	Age	Earnings Hr/Mo/ Annual	EHC/ Dental Code (see below)	Occupation	Date of Hire D/M/Y

S – Single Coverage (employee only)
F – Family coverage (Employee & Spouse, plus eligible dependents)
W – Waived for Extended Health and/or Dental (to be eligible for waiver, employee must be covered by spouse's plan)

Notes: _____

Date Completed: _____