

**Data Collection Sheet****Date:****Name/Contact:****Mailing address:****Province:****Phone- Home:****Fax:****Email:****Phone- Work:****Best Place To Call:****Best Time to Call:****Date of Birth:****Gross Monthly Salary:****Smoking status:****Family Status:****Medical Conditions:****Comments:****Insurance Coverage**

Core Benefits include - Life insurance, Accidental Death &amp; Dismemberment , Critical Illness &amp; Employee Assistance Plan

**Optional Benefits:(Please select)**

Healthcare

Dental - Basic

Disability

Vision

Healthcare only

Dental - Basic/Major

Disability Only

**Comments:****Talked with Dentist About Benefits:****Contact Name****Comments:****Office use only:****Reply Via:****Time:****Appt Booked for:****EE Data Sheet****Comments:**