



Exclusive Provider for the Better Business Bureau Group Benefit Plan for Accredited Businesses

EMPLOYEE DATA SHEET

Company Name: _____

Name of Employee	M / F	Date of Birth			Occupation	*Status F / S / O	Monthly Earnings
		DD	MM	YY			
* Do you have a Group Plan in Place right now? If so with which Company?							
* Please indicate if you have any employees off on disability or maternity leave							

* Status: F=Family S=Single O= Opting out due to spousal coverage

Please fill in the informaton above and email back to jacob.campbell@ccinsurance.ca or fax to 1-519-657-4520