

CONFIDENTIAL EMPLOYEE DATA SHEET

COMPANY NAME: _____

Nature of the Business: _____

Please provide the following information for all your employees to be covered. As well, indicate whether there are any employees on LOA, Maternity Leave or Disability and provide an expected date of return.

Please indicate if any employees are contract workers

EE #	Name	Occupation	(S)ingle (F)amily (W)aive	Gender (M) or (F)	Date of Birth MM/DD/YY	Date of Hire MM/DD/YY	Monthly Salary
1							
2							
3							
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19							
20							

Attn: **Tom Castonguay, CFP**
Advisor

Or **Lisa Gailey**
Client Services Manager

Please Email Completed Form to:
1-888-498-5288
Email: tom@shelterbay.ca

1-888-498-5288
Email: lisag@shelterbay.ca