



**Taylor Gerber  
& Associates Ltd**  
ACCOUNTING AND TAX SERVICES

**12 Athur St S  
Elmira, On N3B 2M5  
Tel 519 210 0191  
Fax 519 210 0170**

EMPLOYEE PROFILE 2013

Employer: \_\_\_\_\_ HBP # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ dd / mm / yyyy

Spouse's Name \_\_\_\_\_

Spouse's Date of Birth: \_\_\_/\_\_\_/\_\_\_ dd / mm / yyyy

Children	Date of Birth dd / mm / yyyy

I, \_\_\_\_\_ hereby declare that the above information is correct, and wish to participate in this health plan.

Employee Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ dd / mm / yyyy

I, \_\_\_\_\_ hereby confirm that the above mentioned employee is eligible for this health plan.

Employer Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ dd / mm / yyyy

Your file will be confidentially kept at Taylor Gerber & Associate Ltd at 12 Arthur St S Elmira, Ontario N3B 2M5