



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

EMPLOYEE PROFILE

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 TC Taylor & Associate Ltd at 12 Arthur St S Elmira, Ontario N3B 2M5