



Thank for downloading our Employee Data form. Once complete please email kirk@copperstonefinancial.ca or print and fax to 902-538-3018

1. Include all employees working on a permanent seasonal or year around basis working at least 24h per week

2. If you do not know employees date of birth just fill in thier approx age.

3. Choices for health coverage are

S - Single (just the employee covered),

F - Family (employee & spouse and any children), (single parent with children), (employee & Spouse no children)



Confidential Employee Data

Employer Name _____

Number	Employee First Name	Employee Last Name	Date of Birth (yyyy-mm-dd)	or Age	Gender	Occupation	Hours Per Week	Coverage Status (see below)	
								Health	Dental
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

S = Single
F = Family
W = Waived (must have Spousal coverage)