

This Plan is administered by:



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Representatives for:
Chamber of Commerce Benefit Plan
Automotive Retailers Association
as well as all major group

CONFIDENTIAL EMPLOYEE DATA SHEET

Name of Employer:

Address: Phone:

Fax:

Contact Person: Nature of Business:

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EMPLOYEES TO BE COVERED:

Table with 7 columns: NAME, SEX, BIRTH DATE, HIRE DATE, OCCUPATION, ANNUAL EARNINGS, *COVERAGE* Description Below

COVERAGE - EHC & Dental, the values are: S = Single F = Family W = Waive (Covered By Spouse)



BENEFIT NEEDS:

Rank, in order or priority, each of the Benefit areas: Death Dental Extended Medical
(1 = Most Important / 5 = Least Important) Disability Retirement

ARE YOU INTERESTED IN THE FOLLOWING?

FOR YOUR CORPORATION:

- Buy Sell/Disability & Life
Key Man/Disability & Life

FOR YOUR PERSONAL NEEDS:

- Estate and Tax Planning
Personal & Family Disability & Life
R.R.S.P.'s

NOTES: