JWL BENEFITS

Company Name:	Contact Name:
Company Address:	Contact Email Address:
Nature of Business:	Contact Preferred Phone:
Unionized (Y/N):	Number of Years in Business:
Employees All Actively at Work (Y/N):	All Covered by WSIB (Y/N):

	Name	Class #	Occupation	Date of Birth DD/MM/YR	Gender M / F	Single (S) Family (F) Waive (W) Note: If the employee is covered through a spoues plan, you can select Waive.	Annual Earnings (if hourly, record # of hour worked per week)	Date of Hire DD/MM/YR	Province
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