

For the office of:

Colin James, BA, CFP®
Certified Financial Planner



EMPLOYEE DATA SHEET

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Please use this form to obtain a quote.
See submit by e-mail button, bottom right.

Company Information

Company Name

Contact

Address

Postal Code

Telephone

E-mail

Employee Information

Employee Name	Occupation	Sex	Date of Birth DD/MM/YYYY	Date of Hire DD/MM/YYYY	Type of Coverage Health and Dental	Salary Monthly	Province
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