

Norbram Group Insurance Benefits Inc.

Employee Benefit Data (Please return by fax to 905-940-1266)

Company Name: _____ Postal Code: _____ (*Postal Code is Essential)

Contact Person: _____ Phone: _____ Fax: _____

#	NAME	Birth Date mmddyy	SEX (Male or Female)	SALARY Monthly or Annual Income	OCCUPATION (ie Office, Admin., Sales, Skilled Labour)	Contract Employee Yes/No	TYPE OF COVERAGE W – Waive Health & Dental covered through Spouse F – Family Coverage S – Single Coverage C – Couples Coverage SP – Single Parent
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60 Renfrew Drive, Ste. #340, Markham, ON L3R 0E1

Phone: (416) 798-4974

Fax: (905) 940-1266

Phone: (905) 479-6711

Toll Free Fax: 1-888-313-5886

Toll Free: 1-800-667-2726