

Please complete a separate form for each employee

Company: _____ Company ID: _____

New employee Change Termination Effective date: _____

Authorized Signature: _____ Date: _____

Employee: _____ Employee ID: _____

Address: _____ Class: _____

City: _____ Prov: _____ Postal: _____ Birthdate: **yyyy - mm - dd**

Phone: Office _____ Home _____ Mobile _____

Business Email: _____ Send to: Business

Personal Email: _____ Personal

Dependents		Birthdate		
First Name	Last Name	Year	Month	Day

Spouse

Dependent children may be natural, adopted or step-children. Must be unmarried and dependent on you for support. Under 21, or under 25 and attending post-secondary education, or dependent due to mental or physical infirmity.

Employee signature: _____ Date: _____

Direct deposit claim payments: Yes No Please attach a VOID cheque. only if one is not available, complete below

Bank Name: _____

Institution Number: _____ Transit Number: _____ Account Number: _____

Administrative services provided by:

Phone 778-433-1020
Fax 778-433-1020

TOLCO Financial Strategies
4400 Parkwood Terrace
Victoria, BC V8X 4Z8
www.tolco.ca



Health Spending Account

Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Amount of Benefits: \$ _____ Frequency: Yearly Quarterly Monthly

Wellness or Other Benefit Plan

Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Amount of Benefits: \$ _____ Frequency: Yearly Quarterly Monthly

Insurance Policy Plan

Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Policy Number: _____ Policy Type: Critical Illness Life Disability

Wageloss Replacement Plan

Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Amount of Weekly Benefit: \$ _____

CafePlan



Plan ID: _____ Effective Date: yyyy – mm - dd Start Benefits Terminate Benefits

Eligible Income: \$ _____ Total Benefit Available: \$ _____