



**Woods Lifetime Financial  
& Lifetime Benefits**

Legal Name of the  
Company:

Single ( S )	1 Person to be covered
Couple ( C )	2 People to be covered ( Spouse or 1 child)
Family ( F )	3+ people to be covered
Waiver ( W )	Employees spouse has Coverage**

*Please Include all T4 Employees*

	First and Family Name	Job Title	Sex (M/F)	Hours per week	Date of Birth	*Date of Hire	Indicate if Related, Disabled, Contractor, Seasonal, Union, or Commission	Coverage Type	Province of Residence	Salary - Optional. See Below
								S/C/F/W		
	<i>Joe Sample</i>	<i>Electrician</i>	<i>M</i>	<i>35</i>	<i>Sep 2nd 1979</i>	<i>Apr 1 2016</i>	<i>away on WCB</i>	<i>F</i>	<i>BC</i>	<i>\$20/Hr</i>
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

\* Date of Hire required: Indicates low turnover & stable employment

\*\* If an employees spouse has coverage they have the option to Waive some or all of the health and dental coverage. However they still need to be enrolled in the plan and will have the "pooled" Benefits which include Life insurance and Disability

Salary is only required if requesting a quote for Long or Short Term Disability.  
Example: \$25 / Hr, or \$2500 / Month

By Submitting this form you agree to allow Lifetime Benefits to use your information to obtain quotes for Group Benefits within our existing Provider network. Please visit our website for information on our Privacy Policy.