

# THE EMPLOYMENT BENEFIT PLAN

Elite Business Services Ltd. | PHSP / HSA Administrative Provider

5236-52 Ave { Box 7612 } Drayton Valley, AB T7A 1S7

Phone: (780) 542-5050 | Fax: (780) 542-5058 | Toll Free: 1-877-542-1676

Employee Name:	Level *:
Employer's Name:	Gross Wage:
Address:	E-Mail:
City:	Postal Code:
Phone:	Cell:

Listing of Dependents: *Please list all dependents that will be covered under this plan.*

List of Dependents:	Date of Birth:	Relationship to Employee:

Dependent(s) are defined as follows:

- a) A spouse who is either legally married to or living common-law with the employee employee's partner.
- b) Any financially dependent member of the employee's household with whom the employee is connected by blood relationship, marriage or adoption.

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I wish to participate in the **EMPLOYMENT BENEFITS PROGRAM { PHSP }** provided by **Elite Business Services Ltd.**

Date

Employee Signature:

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X \_\_\_\_\_

D / M / Y