

# Employee Data Form CONFIDENTIAL



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**Employer/Association:** \_\_\_\_\_

**List of Employees as of (date):** \_\_\_\_\_

Name	Sex	Date of Birth dd/mm/yyyy	Annual Salary	Status Single/Family or Waive Health & Dental Benefits	Occupation	Date of Hire dd/mm/yyyy
<b>If an employee is currently absent from work due to any illness, injury, maternity leave, or leave of absence, please indicate this beside their Name.</b>						

McCannell Financial Group Ltd.  
2310 Arlington Avenue  
Saskatoon, SK S7J 3L3

Bus: (306) 382-7777  
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Toll Free: 1-877-820-7777



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please indicate this beside their Name.

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