



RBC Insurance®

(Please Type or Print Clearly)

EMPLOYEE DATA LISTING

RBC LIFE INSURANCE COMPANY
PO BOX 1800 STN B
MISSISSAUGA, ON L4Y 3W6

COMPANY NAME: _____

POLICY NUMBER: _____

BILLING DIVISION: _____

LOCATION: _____

PHONE NUMBER: _____

LISTING DATE: _____

PREPARED BY: _____

MANDATORY PARTICIPATION: _____ (Y/N)

TAXABLE: _____ (Y/N)

AUTHORIZED SIGNATURE: _____

(If your plan is non-mandatory, please list all eligible employees and indicate enrollment status)

Employee Name	Date of Birth	Gender	Occupation/Job Title	Insurer's Use Only	Earnings	Earnings Mode	Smoking Status	Date of Hire	Hours Worked Per Week	Province	Employee Class	Dependant Life	Enrolled
(Last, First, Middle Initial)	(MM DD YYYY)	(M/F)				(A, M, W, H)	(S/N)	(MM DD YYYY)				(Y/N)	(Y/N)
Example: Doe, John A	06/07/1968	M	Accounting Assistant		45,000.00	A	N	04/30/2000	37.5	ON	1	Y	Y
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LISTING CONTINUES ON REVERSE SIDE

Employee Name	Date of Birth	Gender	Occupation/Job Title	Insurer's Use Only	Earnings	Earnings Mode	Smoking Status	Date of Hire	Hours Worked Per Week	Province	Employee Class	Dependant Life	Enrolled
(Last, First, Middle Initial)	(MM DD YYYY)	(M/F)				(A, M, W, H)	(S/N)	(MM DD YYYY)				(Y/N)	(Y/N)
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