BMG

BENEFITS MANAGEMENT GROUP INC.

EMPLOYEE BENEFIT DATA

Please return by email to: info@benefitsmgmt.ca

Company Name _____

Contact Person _____

Email _____

Phone Number _____

Website _____

EMPLOYEE LISTING

First Name	Last Name	Class	Division	Gender	Status	Date of Birth (MM/DD/YYYY)	Annual Salary	Province	Date of Hire	Occupation
								ON		
								ON		
								ON		