

NAME OF EMPLOYEE	DEPEN/COVER		BIRTH DATE			EMPLOY DATE			EARNINGS SALARY		OCCUPATION	PROV
	SEX	S/F/N/C	D	M	Y	D	M	Y	monthly	yrly		
1												AB
2												AB
3												AB
4												AB
5												AB
6												AB
7												AB
8												AB
9												AB
0												AB
1												AB
2												AB
3												AB
4												AB
5												AB
6												AB
7												AB
8												AB
9												AB
0												AB
1												AB

COMPANY NAME & PHONE; \_\_\_\_\_

Dennis Chamney Insurance Servies Inc.  
 1704 BOX 55052 MILLWOODS ROAD SOUTH EDMONTON, ALBERTA. T6K 4C5  
 PH. 780-929-6787 FAX 780-929-6724

S = SINGLE  
 F = FAMILY  
 N = SPOUSAL  
 C = COUPLE OR SINGLE WITH CHILDREN