

Employer Name

Address

City

Province

Postal Code

Enrollment Level

Number of hours in basic work week

	Employee Name	*Sex	Date of Birth			** Status	Earnings	*** Freq	Occupation	Class	Prov.	Date of Employment		
		M/F/I/U	DD	MM	YYYY	S/F						DD	MM	YYYY
1														
2														
3														
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***Sex**
M - Male F - Female I - Intersex U - Undisclosed
Why do we ask? Some health conditions are more likely to occur based on sex. As a result, sex is used to assess your coverage. We recognize your sex may differ from your gender identity.

**** Status**
S - Single F - Family

***** Frequency of Payment H**
- Hourly W - Weekly M - Monthly A - Annually

EMPLOYER STATEMENT

I hereby declare that the answers to the above questions are accurate and complete.

Employer Signature

Date (YYYY/MM/DD)

Saskatchewan Blue Cross Signature