



CASTLE CARE FOR CONTRACTORS MEMBER CONFIDENTIAL EMPLOYEE DATA

Member name: _____

Contact: _____ Phone #: _____

Please include the following in our quotation:

Fax #: _____

Coverage **Bronze** **Silver** **Gold**

Email: _____

*Coverage code refers to whether the employee wishes Single or Family Health or Dental. If the employee is insured under his/her spouse's plan elsewhere, he/she may waive these benefits only.

Coverage Codes: S=Single, F=Family W=Spousal Waiver

Please complete this form and FAX to: (519) 743-1631 or send us a current billing. With your billing information we can determine volumes and provide you with a comparative quote. Remember your Castle rates are set and the same for every member across the country.

EMPLOYEE	Date of Birth			*COVERAGE (S or F or W)		EARNING (Wkly, Bi-wkly, monthly, annual)
	M	D	Y	EHC	DENTAL	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Bencom Financial Services Group Inc.

1060 Guelph Street, Main Floor Kit.ON N2B 2E3

Bus: (519) 579-4730, Toll Free (888) 664-5555 **Complete this Form and FAX to: (519) 743-1631**

