

Employee Data Form CONFIDENTIAL



1 | Page

Employer/Association: _____

List of Employees as of (date): _____

Name	Sex	Date of Birth dd/mm/yyyy	Annual Salary	Status Single/Family or Waive Health & Dental Benefits	Occupation	Date of Hire dd/mm/yyyy
If an employee is currently absent from work due to any illness, injury, maternity leave, or leave of absence, please indicate this beside their Name.						

McCannell Financial Group Ltd.
2310 Arlington Avenue
Saskatoon, SK S7J 3L3

Bus: (306) 382-7777
Fax: (306) 382-7177
Toll Free: 1-877-820-7777

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3 | Page

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Managing the Present to Plan for the Future
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