



# New Employee / Transfer Notice Form

Health Benefits Administration | Seventh-day Adventist Church in Canada  
1148 King Street East, Oshawa, ON L1H 1H8 | 1-800-263-7868 or 905-433-3964 | Fax 905-433-3717

Send to HBA **within 31 days** of the day employee became eligible for Benefits

Employer: \_\_\_\_\_

## EMPLOYEE INFORMATION

Last Name: \_\_\_\_\_ ☐ Male

First Name: \_\_\_\_\_ ☐ Female

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_  
dd-mmm-yyyy

Address: \_\_\_\_\_  
Use last known address  
if current is unknown

Email: \_\_\_\_\_

Start Date **within** your Organization: \_\_\_\_\_ Eligibility Date for Benefits\*: \_\_\_\_\_  
dd-mmm-yyyy dd-mmm-yyyy

Does the employee have any valid Canadian Provincial Health Card? ☐ Yes ☐ No

**If no** – Have you purchased provincial replacement medical insurance for employee? ☐ Yes ☐ No

Monthly Salary: \_\_\_\_\_ Occupation: \_\_\_\_\_

Billing Category: \_\_\_\_\_  
(if known)

Is this employee transferring directly from another denominational employer in Canada? ☐ Yes ☐ No

**If yes** – Provide employer: \_\_\_\_\_

If employee is transferring directly from another denominational employer in Canada **without a gap** in service and was covered by HBA, the employee does not need to complete the HB Enrolment Forms.

Completed By: \_\_\_\_\_  
Name

Date: \_\_\_\_\_  
dd-mmm-yyyy

### \*Eligibility requirement for Benefits:

- ☐ Permanent employee
- ☐ Working on average a minimum of 19 hours per week
- ☐ Covered by Provincial Health Insurance
- ☐ Resides in Canada