



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
dd-mmm-yyyy for Benefits*: _____ 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