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

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

Complete Mailing Address: _____

_____

_____

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: N/A

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: _____ Date: _____
Name 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