



# 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

First Name

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 Insurance?    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

If Yes, please provide employer

No

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 requirements for Benefits:**

- Permanent employee
- Full-time, working on average a minimum of 19 hours per week
- Covered by Provincial Health Insurance
- Resides in Canada