



**Company:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

After completing, please save the file and email  
it to: [service@lewer.ca](mailto:service@lewer.ca)

### Employee Census

Employee Name (last, first)	Gender	Date of Birth D / M / Y	Occupation	Current Monthly Salary	Coverage (see below)		Province	Date of Employment D / M / Y
					Health	Dental		

Coverage: S = single    F = family    C = couple    CTS = covered through spouse\*  
\*an employee may decline health and/or dental coverage **only** if covered under a spouse's plan.