



ProfMed
Healthcare Benefits

COST PLUS EMPLOYER DATA

Legal Company Name:		
Fiscal Year End:		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Email:	Website:	
Owner/President:	Email:	
Executive:	Email:	
Executive:	Email:	
Executive:	Email:	
Manager:	Email:	
Manager:	Email:	
Manager:	Email:	
Human Resources:	Email:	
Controller:	Email:	
Staff:	Email:	
Staff:	Email:	
Staff:	Email:	
Staff:	Email:	
Staff:	Email:	
Nature of Business:		
Name of Associate:	Start Date of Benefits:	