
Appendix A: Eligible Claimant Information

This form constitutes an amendment as Appendix A to the PHSP agreement. Use this form to make any changes to the list of Covered Employees as eligible claimants for your PHSP.

PHSP Planholder Name: _____

Employee Name: _____ Add/Update Delete

Postal Address: _____

Email Address: _____

Eligible Date: _____ Class: _____ Direct Deposit? (If so, attach VOID Cheque)

Employee Name: _____ Add/Update Delete

Postal Address: _____

Same as above or _____

Email Address: _____

Eligible Date: _____ Class: _____ Direct Deposit? (If so, attach VOID Cheque)

Employee Name: _____ Add/Update Delete

Postal Address: _____

Same as above or _____

Email Address: _____

Eligible Date: _____ Class: _____ Direct Deposit? (If so, attach VOID Cheque)

Employee Name: _____ Add/Update Delete

Postal Address: _____

Same as above or _____

Email Address: _____

Eligible Date: _____ Class: _____ Direct Deposit? (If so, attach VOID Cheque)
