

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. **Unincorporated businesses must also complete Appendix C** to provide details on family members. Appendix C is not required for corporations.

Business Name (Planholder): _____

Employee Name: _____ Add Update Delete

Postal Address: _____

Email Address: _____ Phone: _____

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

Employee Name: _____ Add Update Delete

Postal Address: _____

As Above _____

Email Address: _____ Phone: _____

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

Employee Name: _____ Add Update Delete

Postal Address: _____

As Above _____

Email Address: _____ Phone: _____

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

Employee Name: _____ Add Update Delete

Postal Address: _____

As Above _____

Email Address: _____ Phone: _____

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