



**Personalized Health Care Plans For Canadian Small Business
~No Monthly Premiums~**

Employee Registration Form

Company Name: _____

Employee Name: _____

Employee Address: Street _____ City _____ Province _____ PC _____

Home Phone: _____ **Date of Birth:** DD MM YYYY

Employee Classification:
 Executive Management Full Time Part Time Other _____

	Name of Dependent	Relationship to Employee	Date of Birth
1			DD MM YYYY
2			DD MM YYYY
3			DD MM YYYY
4			DD MM YYYY
5			DD MM YYYY
6			DD MM YYYY
7			DD MM YYYY
8			DD MM YYYY
9			DD MM YYYY
10			DD MM YYYY

Dependents of an Eligible Employee are defined as:
 1. A Spouse — who is either a) legally married to the Employee; or b) a person who is living with the employee and who is publicly represented as the Employee’s spouse, significant other, life partner or mate.
 2. Any member of the employee's household to whom the employee is connected by blood relationship, marriage or adoption; who is 18 years of age or younger, or is up to 25 years of age and attending post-secondary schooling full-time.

I wish to participate in the Heartland Medical Health Care Plan and confirm that the above information is correct.

Employee Signature: _____ **Date:** _____