Chapter 1

Writing Progress Check

**Task**

One of the forms that new full-time employees need to fill out is an Employee

Health Benefits form. This form is necessary to get financial coverage to help pay medical and dental expenses while a person is employed at a company.

Complete the following:

1. Fill in the Employee Health Benefits form for Raja Rao, a new employee at CDN

Malls. Use his information below.

2. Use the rubric to help you complete the form.

• Raja S. Rao is married.

• He lives at 1234 Centre Street N in Calgary with his wife Shanti R. Rao.

• They do not have any children.

• Their postal code is T1A 2B3.

• Their phone number is 403-222-3434.

• Raja will be working at CDN Malls (403-277-6255).

• Raja is applying for family benefit status.

• Raja’s Provincial Health Care number is 12345-6789.

• His wife’s Provincial Health Care number is 12345-6780.

**Employee Health Benefits Form**

**Complete this form in block letters with black ink. Complete this section with your information:**

Surname Given Name Middle Initial DOB YYYY-MM-DD

Address City Province Postal Code

Tel

H ( ) W ( )

**Complete this section with family information:**

Gender

□ Male □ Female

Provincial Health Care Number

Type of Coverage

□ Single □ Family

Spouse’s Information:

Married

□ Yes □No

Number of Children

Surname Given Name Middle Initial DOB

YYYY-MM-DD

Address (if different from applicant) City Province Postal Code

Tel Gender Provincial Health Care Number

H ( ) W ( ) □ Male □ Female

Children (under the age of 21)

Surname Given Name and

Middle Initial(s)

**Complete this section with your signature:**

Gender DOB

YYYY-MM-DD

□M □F

□M □F

□M □F

Provincial Health Care Number



**I certify that all the information on this form is true and complete. I give permission to Health Matters Insurance to use this information for my health coverage.**

Signature: Date:

**Do not write here. This section to be completed by the employer.**

Plan Name Plan Number Date of CoverageYYYY-MM-DD

Occupation Department Employee Number Hiring Date YYYY-MM-DD