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.

Aquilian Benefits Planholder Name:____

Employee Name: ______________________________________ Add/Update ☐ Delete ☐

Postal Address: ____

____

Email Address: ____

Eligible Date: _____________ Class: ____ Direct Deposit? ☐ (If so, attach VOID Cheque)
dd/mm/yy *A/B/C/D/E*

Employee Name: ______________________________________ Add/Update ☐ Delete ☐

Postal Address: ____

____

Email Address: ____

Eligible Date: _____________ Class: ____ Direct Deposit? ☐ (If so, attach VOID Cheque)
dd/mm/yy *A/B/C/D/E*

Employee Name: ______________________________________ Add/Update ☐ Delete ☐

Postal Address: ____

____

Email Address: ____

Eligible Date: _____________ Class: ____ Direct Deposit? ☐ (If so, attach VOID Cheque)
dd/mm/yy *A/B/C/D/E*

Employee Name: ______________________________________ Add/Update ☐ Delete ☐

Postal Address: ____

____

Email Address: ____

Eligible Date: _____________ Class: ____ Direct Deposit? ☐ (If so, attach VOID Cheque)
dd/mm/yy *A/B/C/D/E*

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