Vital ASO Agreement

SCHEDULE B

EMPLOYEE DATA LIST

TOTAL NO. OF ELIGIBLE EMPLOYEES		TOTAL NO. OF PARTICIPATING EMPLOYEES	

					OTHER (SPECIFY)
EMPLOYEE CLASSES					
CLASS CODE	1	2	3	4	5
NO. OF EMPLOYEES					

****In the table below, please check box at left to indicate if employee's coverage is Family (F), Couple (C) or Single (S). A single parent with one child should be classified as Couple. Couple status includes common-law relationships.****

STATUS			LAST NAME	FIRST NAME & INITIAL	CLASS CODE	SEX		DATE OF BIRTH	PHSP AMOUNT
F	C	S	(Please Print)	(Please Print)	(Table above)	M	F	(dd/mm/yy)	($)
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Personal information, including that listed above as well as employee compensation information, is collected from the Employer for the setup and administration of Employer's Employee Benefit Plan. Personal information of employees is protected by Vital Health Savings Plan's privacy policy. Contact Vital Health Savings Plan for further details.