Employee Data Sheet

Privacy Statement
MDM Insurance Services Inc. is committed to protecting the privacy, confidentiality, accuracy, and security of the personal information that it collects, uses, retains, and discloses in the course of conducting business.

Name	Occupation	Salary	Salary Type	Incl. Comm.	Employ Date	CL	Sex	Status	D.O.B.	EHC	Dental	Prov	Disabled
			A,M,W	Y or N	Yr. Mo.		M or F	S or M	Y, M, D	S,F,E *	S,F,E *		Y or N

* Single, Family or Exempt

Number of Hours worked_____/wk