

- New Hire
- Change
- Termination

LiRN Inc. Benefits Advice Form

FOR PERMANENT EMPLOYEES ONLY

EMPLOYEE IDENTIFICATION (required)

LAST NAME	FIRST NAME
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NEW HIRE

BIRTH DATE dd mm (/ /)	HIRE DATE dd mm (/ /)	LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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STREET	CITY	PROVINCE	POSTAL CODE
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HOME PHONE NUMBER ()	EMAIL	HOURS PER WEEK
LOCATION		

EMPLOYMENT CATEGORY <input type="checkbox"/> FULL-TIME (minimum 20 hours/week)	<input type="checkbox"/> PART-TIME (minimum 15 hours/week) ANNUAL SALARY \$
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COST ALLOCATION (Percentage split between LiRN and Association)

100% LiRN
 OTHER (Please indicate % split in Special Instructions)

CHANGE INFORMATION

EFFECTIVE DATE dd mm (/ /)	LOCATION: PHONE: ()	EMPLOYMENT CATEGORY <input type="checkbox"/> FULL-TIME (minimum 20 hours/week) <input type="checkbox"/> PART-TIME (minimum 15 hours/week)
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HOURS PER WEEK	ANNUAL SALARY \$
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COST ALLOCATION (Percentage split between LiRN and Association)

100% LiRN
 OTHER (Please indicate % split in Special Instructions)

TERMINATION INFORMATION

EFFECTIVE DATE dd mm (/ /)	REASON <input type="checkbox"/> EMPLOYMENT TERMINATED <input type="checkbox"/> RESIGNATION <input type="checkbox"/> OTHER (Please explain in Special Instructions)
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SPECIAL INSTRUCTIONS

APPROVAL (required)

SIGNING AUTHORITY NAME: POSITION:	SIGNATURE
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EMAIL ADDRESS: PHONE: ()	DATE dd m (/ /)
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Instructions:

- Complete the Employee Identification, and the applicable sections for a New Hire, Change Information, on the LiRN Inc. Benefits Advice Form
- Attach corresponding “Group Coverage Change Form” if applicable
- Have the appropriate authorized signatory sign the benefits advice form
- Send all applicable forms via email to: Carole Lanthier, Client Service Manager
Gallagher Benefit Services (Canada) Group Inc. **Carole_Lanthier@ajg.com** and CC: **admin@lirn.ca**