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## 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: \_\_\_\_\_

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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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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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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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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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