

## Health Benefits Application Form

People Corporation

Contact Name:			
Company name:			
Email address:			
Contact number:			
Address:			
City:	Province:	Post code:	
Applicant Names (completed application forms attached)			

Please return completed forms via mail, email or fax to: Raides Lacsamana People Corporation 2225 Sheppard Avenue East, Suite 1400 Toronto, ON M2J 5C2 Email: <u>hortprotect@peoplecorporation.com</u> 1-416-445-0000 ext. 5173 www.peoplecorporation.com