**490 Dutton Drive, Suite B6, Waterloo, Ontario, N2L 6H7**
Phone: (519) 747-3324 Toll Free: (800) 265-2178 Fax: (519) 747-5323
www.pwi-insurance.ca info@pwi-insurance.ca

# DAILY ACTIVITY REPORT

Please complete this report ***immediately***, if any activity, and either email it to us, or fax it to us at (519) 747-5323.

Policy Number: Identifier/Billing Division:

Employer:

**NEW EMPLOYEES* (and REHIRED/REINSTATED EMPLOYEES*)**

*NOTE: A Group Insurance Enrollment Card and a Drug Card Enrollment Form must be completed.

| Employee Name | Date of Full-Time Employment (or Date of Rehire/Reinstatement) |
|---|---|
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**CHANGES TO EMPLOYEES' COVERAGE**

(salary changes, position changes, change in dependent status*)

*NOTE: A Drug Card Enrollment Form must also be completed if there is an addition of a dependent.

| Employee Name | Date of Change | New Salary, Dependent Status, etc. |
|---|---|---|
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**EMPLOYEE TERMINATIONS**

| Employee Name (and home address) | Date of Termination of Full-Time Employment-i.e. last day worked |
|---|---|
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Date: _____ Authorized Signature:_____