



## Baby Enrolment Form

Employee Name: \_\_\_\_\_

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

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

MSP: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please return this form to [benefits@viu.ca](mailto:benefits@viu.ca) ASAP