HEALTH ASSOCIATION NOVA SCOTIA

FORMS NOTES AND COMMENTS - EMPLOYER FORM

If more information is necessary, please complete and attach to the accompanying HANS form.

LAST NAME	FIRST NAME	CERT #	PAYROLL #
EMPLOYER NAME		DIVISION #	
FORM NAME			

NOTES / COMMENTS

Today's Date: (MM/DD/YYYY)	Benefit Administrator's Name:
_____ /_____ /_____	