



**THE BIZFLEX PLUS ENROLLMENT FORM**

**Out-Of-Province (OOP) & Catastrophic Health (CAT) Coverage**

PLEASE PRINT

COMPANY NAME

EMPLOYEE NAME

EMPLOYEE ADDRESS

CITY / PROVINCE / POSTAL CODE

E-MAIL ADDRESS

GENDER MALE  FEMALE  BIRTHDATE MONTH  DAY  YEAR

EFFECTIVE DATE OF COVERAGE - THE FIRST DAY OF MONTH  YEAR

DEPENDANT NAME	RELATIONSHIP	GENDER		DATE OF BIRTH		
		MALE	FEMALE	MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PLAN 1**

**PLAN 2**

**OOP COVERAGE-\$0 DEDUCTIBLE / PERSON**  
**CAT COVERAGE-\$1500 DEDUCTIBLE / PERSON**

**OOP COVERAGE-\$0 DEDUCTIBLE / PERSON**  
**CAT COVERAGE-\$5000 DEDUCTIBLE / PERSON**

	ANNUAL	MONTHLY
SINGLE	\$79.80	\$7.00
COUPLE	\$155.04	\$13.60
FAMILY	\$226.86	\$19.90

	ANNUAL	MONTHLY
SINGLE	\$63.84	\$5.60
COUPLE	\$125.97	\$11.05
FAMILY	\$193.80	\$17.00

**ANNUAL** - PLEASE MAKE CHEQUE PAYABLE TO AVP HEALTH & WELFARE TRUST  
**MONTHLY** - PLEASE COMPLETE THE PRE-AUTHORIZED DEBIT (PAD) REQUEST FOR OOPCAT COVERAGE & ATTACH A CHEQUE FOR THE FIRST MONTHLY PREMIUM

<p><b>Mail to:</b>  <b>AVP Health &amp; Welfare Trust</b>                  222, 855 - 42 Avenue SE                  Calgary AB T2G 1Y8</p>	<p><b>Questions ?</b>                  Call : 403.214.3213 or 888.214.3211                  Toll Free Fax : 866.213.5514                  E- mail : info@bizflex.ca                  www.bizflex.ca</p>
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