



# THE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT

COMPANY NAME

EMPLOYEE NAME

I.D. # OR SIN #

EMPLOYEE ADDRESS

CITY / PROVINCE / POSTAL CODE

DATE OF BIRTH (MONTH / DAY / YEAR)

GENDER  MALE  FEMALE

COVERAGE  SINGLE  COUPLE  FAMILY

EFFECTIVE DATE OF BENEFITS  (THE FIRST DAY OF) MONTH / YEAR

MAXIMUM YEARLY BENEFIT AMOUNT \$

REIMBURSEMENT PERCENTAGE 100%  80%  50%

DEPENDANT NAME GENDER DATE OF BIRTH

	MALE	FEMALE	MONTH	DAY	YEAR
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<p><b>Make cheque payable to AVP Health and Welfare Trust</b></p> <p><b>AVP Health &amp; Welfare Trust</b>          222, 855 - 42 Avenue S.E          Calgary AB T2G 1Y8</p>	<p><b>Questions ?</b></p> <p>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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