



THE APPLICATION FORM

(\$200 set-up fee must accompany this form)

PLEASE PRINT

COMPANY NAME

COMPANY ADDRESS

CITY PROVINCE POSTAL CODE

CONTACT NAME

CONTACT PHONE # CONTACT FAX #

CONTACT E-MAIL ADDRESS

INCORPORATED? Y N # OF EMPLOYEES CORPORATE YEAR-END:

ACCOUNTANT'S NAME

ACCOUNTANT'S E-MAIL & PHONE #

TRUST EFFECTIVE DATE (MUST BE 1ST OF MONTH) TODAY'S DATE IS

HOW WOULD YOU LIKE TO RECEIVE YOUR TRUST DOCUMENT?

VIA E-MAIL TO CONTACT

VIA MAIL TO CONTACT

VIA E-MAIL TO CONTACT & BROKER

WERE YOU REFERRED TO US BY A LICENSED BROKER? IF SO, WILL YOU PLEASE PROVIDE US WITH THEIR CONTACT INFORMATION?

NAME

PHONE

ADDRESS

ADDRESS

E-MAIL

WOULD YOU LIKE TO ADD OUT-OF-PROVINCE / CATASTROPHIC HEALTH COVERAGE? Y N

<p>Make cheque payable to AVP Health and Welfare Trust AVP Health & Welfare Trust 222, 855 - 42 Avenue S.E Calgary AB T2G 1Y8</p>	<p>Questions about your claim ? 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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