AMA Health Benefits Trust Fund

ALBERTA MEDICAL ASSOCIATION
ADIUM Insurance Services Inc.

Cost-Plus Plan Benefit Changes

_____

Name of sponsoring physician, professional corporation or clinic (*please print*)

I wish to enroll/amend my current designation of Cost-Plus Plan annual dollar liability limits as follows:

Name of participant	**New Cost-Plus Plan Annual Dollar Liability Limit***
	$
	$
	$

**We advise you to consult with your professional tax advisor prior to completing this form*.

Please make the changes listed below:

Add (*check off*)	**Delete** (*check off*)	**Name of Participant**	**Dependant**	**Date of Birth**	**Relationship**

I understand that upon acceptance of this amendment, it shall become binding in accordance with the terms and conditions of the Trust Agreement and binds me and my personal representatives, estate and successor.

_____ __ /_____ /____
Signature of sponsoring physician, or authorized signature for professional corporation or clinic — dd/mmm/yyyy

For AMA Health Benefits Trust Fund use

Recorded by _____ Date recorded __ /_____ /____
dd/mmm/yyyy