

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 amend my current designation of Cost-Plus Plan annual dollar liability limits as follows:

Name of participant (physician, employee)	New Cost-Plus Plan Annual Dollar Liability Limit*
	\$
	\$
	\$

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

- Please check this box if there have been no changes to the list of participating employees, or to the spouse and dependants of each participating employee.

If there have been changes, please note them below.

Add (<i>check off</i>)	Delete (<i>check off</i>)	Physician/ employee	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