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## Retention Benefit Income Declaration Form

I acknowledge that to be eligible to receive the 2017 Retention Benefit, I must satisfy **all** the requirements specified in the *Retention Benefit Administration Policy*.

I confirm that I have received this policy, and that I understand the program requirements specified within it. I understand that upon satisfying the program requirements, my benefit payment will be in part based on the amount of eligible income I have received during the 2016 calendar year.

Therefore, for the purpose of calculating my retention benefit payment, **I declare that I have received the eligible income specified below during the 2016 calendar year**, and I agree to provide proof of this income if it is requested by the AMA.

(Please see the *Retention Benefit Administration Policy* or the end of this form for a list of eligible income sources.)

Income source	Payment description (please specify the payor and types of service)	Estimated amount received
Alberta Health (fee-for-service basis)		
An Alternative Relationship Plan (clinical portion only)		
Alberta Health Services on a contract or employment basis for the provision of Insured Services or laboratory services		
AMA Physician Locum Services®		
Physician On-Call Program payments		
Other eligible income	(Please note that income from WCB, Department of Defense, RCMP, or private organizations is not eligible.)	
<b>Total income from eligible services</b>		

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 Name (please print)

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 AMA Number

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 Signature

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 Date

### Benefit calculation

The maximum benefit amounts by years of practice in Alberta up to and including the calendar year immediately preceding the benefit year are:

Years of service	Benefit amount
1-5	\$5,141
6-15	\$7,711
16-25	\$10,282
26+	\$12,852

### Eligible income sources

- Payments for Insured Services whether billed on a fee-for-service basis, paid through Alberta Health Services (AHS) or another paying agency
- Alternative Relationship Plan payments—for clinical portions only
- Physician On-Call Program payments
- Income received from the AMA’s Physician Locum Services®
- Payments from AHS for public health services

If your total payments for eligible services are less than the maximum threshold but more than the minimum threshold as outlined below, you will receive recognition for a full year of service. However, your benefit payment will be prorated as follows:

Payments for eligible services	Benefit amount %
≥ \$84,975	100%
\$63,731-\$84,974	75%
\$42,487-\$63,730	50%
\$10,622-\$42,486	25%
≤ \$10,621	0%

If you have any questions about this form or whether the income you received is eligible, please contact:

Silvana Cruces  
Membership and Benefits Administrator  
T 780.732.3370  
Toll-free 1.866.714.5724 (ext.5370)  
Email: [Silvana.cruces@albertadoctors.org](mailto:Silvana.cruces@albertadoctors.org)