



Call Details	
Date of Call: _____	Caller Name: _____
Insurance Agent Name: _____	

Insurance Provider
<input type="checkbox"/> Canada Life <input type="checkbox"/> Alberta Blue Cross <input type="checkbox"/> Equitable Life <input type="checkbox"/> Green Shield Canada <input type="checkbox"/> Alberta School Employee Benefit Plan <input type="checkbox"/> Chamber <input type="checkbox"/> Cooperators <input type="checkbox"/> Other _____

Information	
Do you allow Assignment of Benefits for this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coverage Details: _____% per hour or maximum \$_____ per hour	
Is there a deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deductible Amount: \$_____
Maximum yearly coverage per person: \$_____	How much has been used at this time: \$_____
When does the billing year start and end for this plan? _____	
Can any plan member sign forms or does it have to be the policy holder? <input type="checkbox"/> Any Plan Member <input type="checkbox"/> Policy Holder	
Is there a coordination of benefits for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is it with? _____	
If there is coordination of benefits, is this the primary coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Designation Required	Details
<input type="checkbox"/> Registered Psychologist	Plan Member Name: _____
<input type="checkbox"/> Registered Provisional Psychologist	Plan #: _____ Plan ID #: _____
<input type="checkbox"/> Registered Social Worker	Relationship to Primary: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> Other _____	Other Information: _____

Office Use