

Health and Dental Benefit Trust for each family

Current Date	Date of Hire
Name of Employer	Phone
Employee	Date of Birth
Employee Occupation	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse	Date of Birth
Child	Date of Birth
Child	Date of Birth
Child	Date of Birth
Child	Date of Birth
Home E-mail Address (Please write "none" if not applicable)	Home Fax
Does your spouse have Group Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Employer	Insurance Company

To help design your plan please answer the following:

- Do you or your dependents use medication which costs \$500 or more annually?
 Yes No Type: _____
- Do you or your dependents require major dental work (e.g. crowns, orthodontics)?
 Yes No Other: _____
- Do you or your dependents use additional medical services (e.g. ambulance, therapy, etc.)?
 Yes No Type: _____
- In order to reach you, when is **the best time to call?** _____ am/pm

Please carefully read the [Information for Association Members](#) page for additional valuable information.

Ogden Financial Planners Ltd. Trust

Print and Mail to: Ogden Financial Planners, 13 Aspen Meadows Heath S.W., Calgary, AB T3H 5Z6 or Fax to: (403) 228-0926