Alberta Child Care Association (ACCA) Benefit Program - Request for Quotation

Alberta Child Care Association

Company Name:

Address:

Phone Number:

Length of Time in Business:

Contact Person:

Email:

Current Coverage:

- ☐ **YES - please supply recent billing statement**
- ☐ **NO**

EMPLOYEE NAME	GENDER	DATE OF BIRTH- mm/dd/yyyy	COVERAGE- Single, family or waive if you have spousal coverage	MONTHLY EARNINGS	ACCA Member #	JOB TITLE

- ✓ **Life Insurance**
- ☐ **Critical Illness**
- ☐ **Extended Health**
  - ☐ **80% Coverage**
  - ☐ **100% Coverage**
  - ☐ **Drug Card**

- ✓ **Dependant Insurance (Mandatory)**
- ☐ **Short Term Disability**
- ☐ **Dental Coverage**
  - ☐ **Basic Services**
  - ☐ **Major Services**
  - ☐ **Orthodontics**

- ☐ **Long Term Disability**

Fax to: Randy Stinson @ 780-451-4494

Mailing Address
#105, 11302 119 St.
Edmonton, Alberta T5G 2X4
Phone: 780-451-4476 Ext 3
Toll Free: 1-866-525-5055
email: randy@benefexconsulting.com