



Employee Assistance Program Application Form

Name of Applying Association/Municipality/Organization: _____

Mailing Address:

Street or Box Line 1

Street or Box Line 2

City/Town/Village

Province

Postal Code

Telephone & Fax (including area code):

Tel: (____) _____

Fax: (____) _____

Contact Information:

Name: _____ Title: _____

Direct Line: (____) _____ E-mail Address: _____

Service Effective Date: *effective date will be the first of the month.*

____ / ____ / ____
MM / DD / YYYY

Number of Employees (available to full-time, part-time, and seasonal employees, elected officials and volunteers): _____

2009 Rate: \$6.60* per month per employee. There is a 5% rate reduction on the Long Term Disability coverage when you sign up under EAP.

I understand and comply with the eligibility requirements that my association, municipality or organization is an AUMA Regular or Associate member in order to access the AMSC Employee Assistance Program.

Signature: _____ Date: _____

Application Handling and Membership Payment Options:

1. Please submit this form to: **Attention:** AMSC Insurance Services Ltd.
10507 Saskatchewan Drive Edmonton, AB T6E 4S1
or fax to: (780) 409-9499
2. Please direct inquiries regarding this service either to Paul Mizzi by telephone: 780-409-4545 or email: pmizzi@auma.ca
3. Once the application has been processed, you will be mailed an invoice for the AMSC EAP fee (or if you have an AMSC benefits plan, it will be added to your current invoice)
4. Please make all cheques for EAP payable to the **Alberta Municipal Services Corporation**

For more information, visit our web site: www.amsc.ca

*Not including applicable taxes.