



**MECHANICAL CONTRACTORS ASSOCIATION OF ALBERTA  
Group Insurance and Medical Benefits Trust**

WEBSITE [mca-ab.com](http://mca-ab.com)  
TOLL FREE 1 800 251-0620

**MCA OF ALBERTA  
Group Insurance Information Sheet**

Name in full \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone No \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Effective Date of Insurance \_\_\_\_\_

Date Employed \_\_\_\_\_ Occupation or Position \_\_\_\_\_

Salary (monthly) \_\_\_\_\_ Hours per week worked \_\_\_\_\_

Birthdate \_\_\_\_\_

Are you currently on the Provincial Health Plan? Yes No

DAY MONTH YEAR

Spouse /Common Law Name \_\_\_\_\_

Spouses Birthdate \_\_\_\_\_

DAY MONTH YEAR

Full name and relationship of beneficiary

NAME RELATIONSHIP

**DEPENDENTS**

Name BirthDate

Name Birth Date

Name Birth Date

Name Birth Date

Name Birth Date

Date Signed Signature