

Please add a spouse or dependants from my

- Seniors Plus plan**   
  **Health Plus plan**   
  **Blue Assured plan**  
 **Blue Choice plan** (newborn under 30 days of age only)\*   
  **Personal Choice plan** (newborn under 30 days of age only)\*

Fax this fully completed form to 780-498-3531 (toll free at 1-877-498-3531)  
or mail to Alberta Blue Cross 10009 108 St NW Edmonton AB T5J 3C5.

Member information (please print)				
Member's last name	First name	Middle initial	Group number	Alberta Blue Cross ID number
Address		City		Province    Postal code
Home phone number	Daytime phone number	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Email address	

Application to add dependants				
List the dependants you wish to add to your Alberta Blue Cross individual health plan				
Last name (if different than applicant)	First name	Middle initial	Gender (M/F)	Date of birth (YYYY/MM/DD)
Co-applicant/spouse				/ /
Dependants				/ /
				/ /
				/ /

**Acknowledgement and consent (please read, date and sign below)**

Failure to complete this form in its entirety will result in delays. Upon receipt of the completed Application with all the required information and verification of all information, Alberta Blue Cross will provide a response to this Application for coverage within 30 days. Applicants/co-applicants and Dependants must cooperate fully with Alberta Blue Cross in verifying the information provided and understand that your failure to cooperate may lead to the Application being rejected or the Agreement being cancelled. If all the required information is not received within 60 days, the Application will be closed.

**Acceptance**—upon accepting the application, Alberta Blue Cross will confirm coverage by issuing ID cards with an effective date determined by Alberta Blue Cross.

**Use of your personal information**

I/we understand that the personal information provided herein as well as other personal information currently held or collected in the future by Alberta Blue Cross and/or Blue Cross Life Insurance Company of Canada will only be collected, used or disclosed to administer the terms of my/our Alberta Blue Cross individual health plan; verify my/our eligibility for coverage; verify, assess and pay claims; and develop and recommend suitable products and services to me/us. I/we acknowledge and agree that my/our or my dependants' personal information may only be collected from and/or released to a third party (health care professional/practitioner/institution or insurer/agent of record) only when needed for a purpose stated above. I/we certify that the member is authorized by his/her spouse and/or other adult dependants to disclose and receive information about them that is used solely for these purposes. I/we understand that my/our personal information will be kept confidential and secure.

**Your acknowledgement and consent**

I/we understand that I/we may revoke my/our consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I/we understand why my/our personal information is needed and are aware of the risks and benefits of consenting or refusing to consent to its disclosure. I/we have read and understood this complete application, including this acknowledgement and consent and agree to all terms and conditions of the Agreement. I/we agree that this consent shall be effective from the date of the application and shall remain in effect as long as the agreement is in force, unless I revoke it in writing. I/we authorize the collection, use and disclosure of my/our personal information as described above.

I/we hereby apply for the health and dental coverage underwritten by Alberta Blue Cross. Head Office: 10009 108 Street NW, Edmonton, Alberta T5J 3C5. I/we hereby apply for the Accidental Death Insurance underwritten by Blue Cross Life Insurance Company of Canada. Corporate Office: 644 Main Street, P.O. Box 220, Moncton, New Brunswick E1C 8L3.

A photographic copy of this authorization shall be as valid as the original. This consent complies with provincial and federal privacy legislation.

\* If you are a **Personal Choice plan member** or a **Blue Choice plan member** and wish to add a dependant who is **more than 30 days old**, please call Alberta Blue Cross at 780-498-8899 or toll free at 1-800-232-1914, extension 8899, to obtain the appropriate form.

I/we have read and understood this form and certify that has been fully completed. I/we agree to the acknowledgement and consent on this form.

Date (YYYY/MM/DD) \_\_\_\_\_

Signature of member \_\_\_\_\_

*This consent will be valid from this date, will continue while this agreement is in force and will end when agreement is cancelled.*

Please print name here \_\_\_\_\_

Signature of co-applicant/spouse \_\_\_\_\_

Please print name here \_\_\_\_\_

