ALBERTA BLUE CROSS®

# EMPLOYEE BENEFIT CHANGES

10009 108 Street NW, Edmonton, Alberta T5J 3C5
Telephone: 780-498-8100 or 1-800-232-1914
Fax: 780-498-3540 **ab.bluecross.ca**

## 1. This section to be completed by employer

| Name of group | | | Group and section number | | Effective date of change (YYYY-MM-DD) |
|---|---|---|---|---|---|
| Last name | First name | Middle initial | Gender ☐ M ☐ F | ID number | Birth date (YYYY-MM-DD) |

**Type of change** (check below and complete applicable sections) (YYYY-MM-DD)

☐ Transfer ☐ Salary ☐ Occupation ☐ Reinstatement—returned to work _____ ☐ Other (specify) _____

| Revised department/section | Revised employee number | Revised other identity number | Revised occupation | Revised employee class |
|---|---|---|---|---|
| ***COMPLETE FOR CHANGES IN LIFE & DISABILITY BENEFITS*** | Revised earning $ | Per ☐ Hours | ☐ Hours worked | ☐ Week ☐ Month ☐ Year |

## 2. ☐ Change employee address, telephone number and email

| New mailing address | City or town | Province | Postal code |
|---|---|---|---|
| | | | |

| Home phone | Work phone | Email |
|---|---|---|
| | | |

## 3. ☐ Change employee name or benefit status

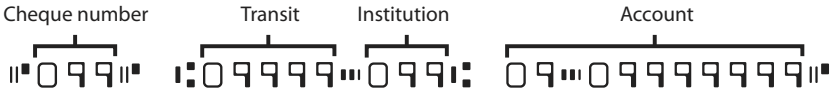
| New last name | First name | Middle initial | Revised benefit status ☐ Single ☐ Family |
|---|---|---|---|
| | | | |

## 4. ☐ Direct deposit information

Bank account holder's name

**Bank account numbers**

The image shows you where to find these numbers at the bottom of your cheque.




Claim payments will be directly deposited into this bank account.

| Transit | Institution | Account |
|---|---|---|
| | | |

## 5. ☐ Change spouse, common-law spouse or dependant information

| Add | Change | Delete | Last name (if different than employee's) | First name and middle initial | Gender | Birth date (YYYY-MM-DD) | Date of marriage/cohabitation (YYYY-MM-DD) |
|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | Spouse | | ☐ M ☐ F | | |
| ☐ | ☐ | ☐ | Common law | | ☐ M ☐ F | | |

**Unmarried dependant children** (NOTE: if additional space is required please use the back of this page)

| Add | Change | Delete | Last name (If different than employee's) | First name and middle initial | Relationship | Gender | Birth date (YYYY-MM-DD) | ***Code** (See below) |
|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | | | | ☐ M ☐ F | | |
| ☐ | ☐ | ☐ | | | | ☐ M ☐ F | | |
| ☐ | ☐ | ☐ | | | | ☐ M ☐ F | | |

***Codes:**

A = An unmarried, fully dependant child less than the dependant age as specified in the booklet.

B = An unmarried child over the dependant age but under the maximum age specified in the booklet. This dependant must be attending an accredited educational institution on a full-time basis. **NOTE**: please enter the date school commences beside all code B dependants. An annual *Dependency Declaration* is required for each school year.

C = An unmarried child, over the dependant age as specified in the Employee Benefits Booklet, but fully dependent on me due to mental or physical disability.

Blue Cross Life Insurance Company of Canada underwrites all life and income replacement benefits.

## 6. ☐ Change in coverages (please check appropriate statement and indicate change in benefits)

☐ **ADD** the following benefits as **coverage has been terminated** under my spouse's plan. ☐ **Health** ☐ **Dental** ☐ **Life**

☐ **DELETE** the following benefits as **coverage has been added** to my spouse's plan.

☐ **COORDINATE** the following benefits with my spouse's plan. ☐ **Health** ☐ **Dental**

Group/policy number _____ Name of insurance company _____

**I understand that if benefits have been deleted, I will not be able to re-enrol for these benefits at a later date unless application occurs within 31 days of termination of spousal coverage.**

☐ **WAIVE** all Life and Disability benefits Group number _____ Name of insurance company _____

**Waiving of these benefits is subject to your group's participation requirements.**

## 7. ☐ Change in optional coverages

Add Change Delete **Optional life**

☐ ☐ ☐ Employee total amount $ _____

☐ ☐ ☐ Spouse total amount $ _____

Add Change Delete **Optional AD&D** (Accidental Death and Dismemberment)

☐ ☐ ☐ ☐ Employee ☐ Employee and eligible dependants total amount $ _____

Note: For Dependant Life, Optional Life and Optional AD&D the employee is the beneficiary of the insured spouse and children.

## 8. ☐ Beneficiary for life benefits (if additional space is required, please use the bottom of this page)

| Last name | First name | Middle initial | Relationship | Percentage *(total must = 100%)* |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

## 9. ☐ Termination (check type of termination and indicate date)

- The **employee** must be provided with a copy of this form.
- Alberta residents may apply for Alberta Blue Cross coverage on an individual basis through one of our individual benefit plans. To be eligible for continuous coverage, you must apply within 30 days of your group plan cancellation date.
- If you are retiring and are between the ages of 50 and 75 at the time of your application, you are eligible to apply for the Retiree Plan within 60 days of your group plan terminating. The Retiree Plan is available to all applicants with a Canadian provincial or territorial health insurance plan. ***Please contact Alberta Blue Cross at 1-800-661-6995 for details.***

☐ **Left employ** ☐ **Lay off** ☐ **Leave of absence** ☐ **Other (specify)** _____

☐ **Retired** ☐ **Maternity leave** ☐ **Deceased**

Date employment terminated (YYYY-MM-DD)

## 10. ☐ Acknowledgement and consent

**I certify that all of the information on this form is true and complete and agree to the acknowledgement and consent below.**
**If direct deposit information is provided, please do not email the form back to us as email is not considered secure.**

**Employer signature** _____ **Date (YYYY/MM/DD)** _____

**Employee signature** _____ **Date (YYYY/MM/DD)** _____ **ID number** _____

## ACKNOWLEDGEMENT AND CONSENT

I authorize Alberta Blue Cross, Blue Cross Life Insurance Company of Canada* and/or its agents to collect, use, maintain and disclose personal information for the purposes of determining eligibility for coverage, assessment, paying claims, audit, investigation, underwriting, administration and claim management. I acknowledge and agree that my personal information may only be collected from and/or released to a third party (health care professional/practitioner/insurer or reinsurer/agent of record/my employer) only when needed for a purpose stated above. I confirm that I am authorized by my spouse and dependants to receive and disclose information about them that is used solely for these purposes;

I understand that I can revoke this consent at any time in writing; however, if consent is withheld or revoked, coverage may be denied or rescinded;

I understand why I have been asked to disclose this information and am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure;

I agree that this consent shall be effective on the date of this application and shall be valid for the duration of the time coverage is in effect.

I agree that a copy or electronic version of this authorization shall be as valid as the original.

For a copy of our privacy policies, or questions about our personal information policies and practices, please refer to **ab.bluecross.ca** or email our Privacy Compliance Officer at **privacy@ab.bluecross.ca**

By choosing to have direct deposit, I hereby authorize Alberta Blue Cross to deposit claims as indicated. By providing my email, I understand that I will no longer receive paper statements and instead I will receive an email notice when my statement has been posted to the member site. I understand that the direct deposit information and email address provided above will apply to all Alberta Blue Cross plans of which I am a member.

For more information about Alberta Blue Cross privacy policies or the collection, use or disclosure of your/your dependants' personal information, visit www.ab.bluecross.ca, call our privacy matters representative at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 108 St NW, Edmonton, AB T5J 3C5. *Blue Cross Life Insurance Company of Canada underwrites all life and income replacement benefits.