

Submit directly to Alberta Blue Cross, Life & Disability Services (see contact information above).

To be completed by the employer

Group/policy name	Group/policy number	Section
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Employee (plan member) information

Last name	First name	Middle initial	Birth date (YYYY-MM-DD)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
ID number	Mailing address	City or town	Province	Postal code
Home phone	Work phone	Email		

Position information

Position or job title (as of last day worked) <input type="checkbox"/> Part time <input type="checkbox"/> Full time	Date of return to work (YYYY-MM-DD)
Comments	

I hereby declare that the answers to the above questions are accurate and complete

Name (please print)	Signature	Date (YYYY-MM-DD)
Position or title	Phone	Fax
Email		

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

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