



INDIVIDUAL HEALTH PLANS CHANGE OF NAME REQUEST

Please complete the form and return the request along with one copy of the required documentation to Alberta Blue Cross. Upon acceptance and completion of this request, new ID cards will be mailed to the plan member.

1. PLAN MEMBER INFORMATION (Please print)				
Member's last name	First name	Group number	Alberta Blue Cross ID number	
Address		City	Province	Postal code
Home phone number	Daytime phone number		E-mail address	

2. CHANGE OF NAME INFORMATION (Please print)	
1. Previous name of member or Co-Applicant/Spouse/Dependant:	
Last name	First name
Name change of member or Co-Applicant/Spouse/Dependant:	
Last name	First name
2. Previous name of member or Co-Applicant/Spouse/Dependant:	
Last name	First name
Name change of member or Co-Applicant/Spouse/Dependant:	
Last name	First name

3. DOCUMENTATION REQUIRED FOR NAME CHANGE	
Please check box below AND INCLUDE a copy of one of the following documentation type.	
<input type="checkbox"/>	Marriage Certificate
<input type="checkbox"/>	Alberta's Operating Licence
<input type="checkbox"/>	Divorce Certificate
<input type="checkbox"/>	Certificate of Vital Statistics
<input type="checkbox"/>	Legal name change documentation

I/we have read and understood this form and certify that has been fully completed.

Date (yyyy/mm/dd): _____ Signature of Member: **x** _____

Please print name here: _____

4. PLEASE RETURN THIS COMPLETED REQUEST AND DOCUMENT	
Please print, attach a photocopy of required documentation and send to Alberta Blue Cross.	
MAIL to: Alberta Blue Cross Individual Products Administration 10009 108 Street Edmonton AB T5J 3C5	FAX to: Alberta Blue Cross Individual Products Administration 780-498-3531 or toll free at 1-877-498-3531

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