

**If your last beneficiary designation was irrevocable, you will need to complete and attach a Waiver of Rights form found at [ab.bluecross.ca](http://ab.bluecross.ca) to this document. Note: the completion and submission of this form will replace standard beneficiary designations without a waiver of rights form.**

Group name/personal plan		Group policy number and section	Member ID number
Member last name	Member first name and middle initials		Member birth date (YYYY-MM-DD)

**Attention:** This is an **IRREVOCABLE** beneficiary designation form, which means you will not be able to change or remove your beneficiary without your beneficiaries written consent. Please note that a parent, guardian or trustee cannot consent on behalf of a minor, so a minor cannot be changed or removed until they become a legal adult within their province of residence.

**Residents of Quebec:** The designation of your spouse as a beneficiary is presumed irrevocable unless declared otherwise. If you do not want an irrevocable designation, please use our other **Beneficiary designation form found on our website at [ab.bluecross.ca](http://ab.bluecross.ca)**. If a minor is designated as a beneficiary, the parent is automatically considered the tutor (trustee) of their child.

**I revoke all previous appointments of beneficiaries and hereby appoint the following as irrevocable beneficiaries entitled to receive the proceeds arising by reason of my death.**

### IRREVOCABLE BENEFICIARY APPOINTMENT

Benefits will be paid to the irrevocable beneficiaries as designated below. If a beneficiary is not appointed below, the benefits will be paid to your estate.

Last name	First name	Middle initials	Birth date (YYYY-MM-DD)	Email and phone number	Relation to plan member	Percentage
				_____		%
				_____		%
				_____		%
				_____		%

### BENEFICIARY APPOINTMENT

If you do not want all of your beneficiaries to be irrevocable, please designate your revocable beneficiaries below.

				_____		%
				_____		%
<i>Total percentage must equal 100 per cent.</i>						%

### TRUSTEE INFORMATION

If any designated irrevocable beneficiary named above is a minor or lacks legal capacity, it is very important to name an adult or administrator who will receive the payment on behalf of the minor in accordance with their applicable provincial legislation. This is not applicable in the province of Quebec, where the parent is considered the tutor (trustee) of their child.

Last name	First name	Middle initials	Birth date (YYYY-MM-DD)	Email and phone number	Relation to plan member
				_____	

**CONTINGENT BENEFICIARY INFORMATION**

In the event ALL of the above-named irrevocable beneficiaries become deceased, benefits will be paid to your contingent beneficiaries.

Last name	First name	Middle initials	Birth date (YYYY-MM-DD)	Email and phone number	Relation to plan member	Percentage
				_____		%
				_____		%
<i>Total percentage must equal 100 per cent.</i>						%

**APPLICABLE TERMS**

**Beneficiary:** a revocable beneficiary can be changed or removed at any time by you alone.

**Irrevocable beneficiary:** an irrevocable beneficiary is designated by you but cannot be removed without the express permission from the beneficiary that you named. You will need to fill out a separate form and get their signature if you would like to remove or change their information in the future. If you name a minor as an irrevocable beneficiary, they cannot be removed until after they become a legal adult.

**ACKNOWLEDGMENT 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 beneficiaries 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 refusal to consent, to the disclosure. I agree that this consent shall be effective from the date of my signature on this form 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](http://ab.bluecross.ca) or email our privacy compliance officer at [privacy@ab.bluecross.ca](mailto:privacy@ab.bluecross.ca).

***We are not able to accept digital signatures. Please sign below with a blue ink pen.***

By providing my signature below, I agree to the acknowledgment and consent section and certify that all this information is true and complete.

Member signature	Date (YYYY-MM-DD)
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**FORM SUBMISSION**

Please upload this completed form to the [Alberta Blue Cross website](http://Alberta Blue Cross website).

Please do not email this form, as email is not considered a secure method of communication.

**MAIL**

10009 108 Street NW  
Edmonton, Alberta T5J 3C5

**FAX**

780-498-3540

***Please retain a copy for your records.***

