

Please email, fax or mail to Alberta Blue Cross  
**Attn: Group Administration**  
 10009 108 Street NW, Edmonton, Alberta T5J 3C5  
 Telephone: 780-498-5925 or 1-866-498-5925  
 Fax: 780-498-3540 [ab.bluecross.ca](mailto:ab.bluecross.ca)  
[groupeligibility@ab.bluecross.ca](mailto:groupeligibility@ab.bluecross.ca)

**1. Group information**

Name of group	Group/policy	Effective date of change (YYYY-MM-DD)
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**2. Group information update (check if applicable)**

Company address

City	Province	Postal code
Phone	Fax	

**3. Authorized group representative (check if applicable)**

By default, all available sections under your group number will be updated. Please use the comments section to indicate otherwise.

<input type="checkbox"/> Termination <input type="checkbox"/> Add <input type="checkbox"/> Update	<input type="checkbox"/> All sections <input type="checkbox"/> Following sections
Name	_____
Email	_____
Phone	_____
<input type="checkbox"/> Primary plan administrator (receives correspondence and bill notifications)           or <input type="checkbox"/> Alternate plan administrator (does not receive correspondence and bill notifications, but is an authorized party to make inquiries on behalf of the group)           or <input type="checkbox"/> Company executive (does not receive correspondence and bill notifications, but is an authorized party to make inquiries on behalf of the group)	

**4. Website access information update (check if applicable)**

By default, all available sections under your group number will be updated. Please use the comments section to indicate otherwise.

<input type="checkbox"/> Termination <input type="checkbox"/> Add <input type="checkbox"/> Update	<input type="checkbox"/> All sections <input type="checkbox"/> Following sections
a. Member and group information (request ID cards, access contracts, eligibility reports)	_____
<input type="checkbox"/> Update <input type="checkbox"/> View	_____
b. <input type="checkbox"/> View bill	_____
c. <input type="checkbox"/> View claims and premium reporting	_____

**5. Authorized representative acknowledgement and consent**

**I authorize Alberta Blue Cross to provide access or change the above-noted plan administrator or users access to the Alberta Blue Cross website for plan administrators to conduct transactions on behalf of the policyholder in accordance with the access rights granted above and according to the Online Plan Administrator Access Agreement. If "terminate" is checked above, I request the above-noted plan administrator or user's access be terminated.**

Authorized representative signature \_\_\_\_\_ Name printed \_\_\_\_\_

**6. Comments**

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