

Instructions:

Please check applicable benefit being claimed for:

 Accidental death Final expenses Term life

Submit directly to Alberta Blue Cross, Life & Disability Services. See contact information above.
Claimant statement

Last name of deceased		First name of deceased		Policy number	ID number
Cause of death	Last address of deceased		Birth date (YYYY – MM – DD)	Date of death (YYYY – MM – DD)	
Name of claimant		Relationship (beneficiary, trustee, executor, etc.)		Age of claimant	Social insurance number (claimant)
Payment requested <input type="checkbox"/> One sum <input type="checkbox"/> Other (please describe below)					

Complete if death was a result of an accident

Place of accident		Date (YYYY – MM – DD)
Description of accident		

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) only when needed for a purpose stated above. Medical and health information excludes genetic test results. 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I can revoke this consent at any time in writing; however, if consent is withheld or revoked, coverage may be denied or rescinded.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 force.

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 visit our web site at ab.bluecross.ca or email our privacy compliance officer at privacy@ab.bluecross.ca.

Claimant name (please print)		Signature of claimant		Date (YYYY – MM – DD)
Address of claimant		Phone		Email

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

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