

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
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	
d. <input type="checkbox"/> Manage detailed disability claim information (submit and view disability claims)	

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