

**Note to plan member:** if your current beneficiary designation is **irrevocable** and you wish to change the beneficiary designation, the irrevocable beneficiary must consent to waive their rights by completing this form. Please fill out one waiver of rights form for each irrevocable beneficiary you would like to remove.

After this form is completed and received by Alberta Blue Cross, you may change your beneficiary designation by completing a **Beneficiary Designation form found at [ab.bluecross.ca](http://ab.bluecross.ca).**

1. MEMBER INFORMATION			
Group number	Section	ID number	
Last name	First name	Middle initial	Birth date (YYYY-MM-DD)

2. IRREVOCABLE BENEFICIARY INFORMATION			
If you are named as an irrevocable beneficiary, the plan member requires your consent to change the beneficiary designation.			
Only complete the following if you are an irrevocable beneficiary:			
<b>Irrevocable beneficiary</b>			
Last name	First name	Middle initial	Birth date (YYYY-MM-DD)
I, the undersigned, having been named as an irrevocable beneficiary of the proceeds payable upon the death of the above-named plan member, and being of majority age, hereby release all of my rights, titles and interests as beneficiary with respect to the said plan.			
Irrevocable beneficiary signature			Date (YYYY-MM-DD)
Witness signature	Witness printed name		Date (YYYY-MM-DD)

### FORM SUBMISSION

Please upload this completed form to the [Alberta Blue Cross member services website](http://ab.bluecross.ca).  
 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.***

