

# Online Disability Claim Submission

*This guide will walk you through how to submit an online disability claim through the Plan Administrator portal and how to enrol an employee into life benefits.*

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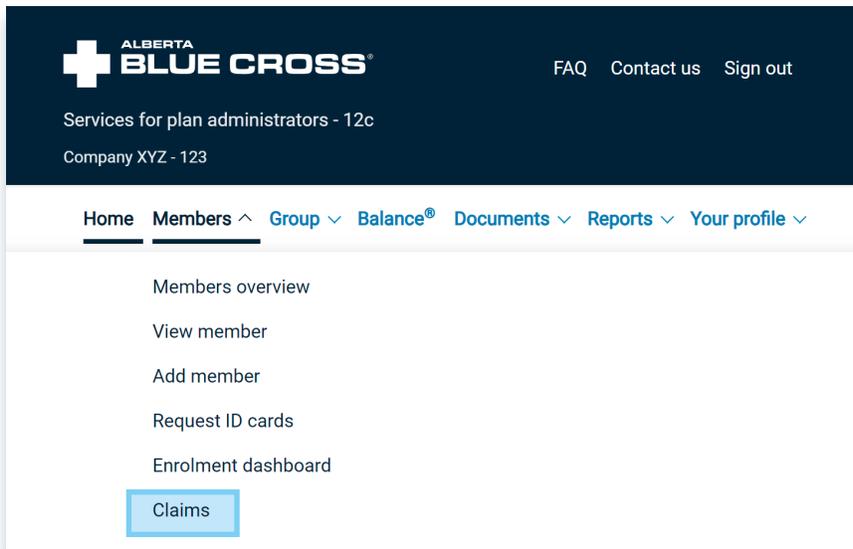
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## Online Disability Claims Submission: Submitting an electronic claim

There are two paths through which you can submit a claim online: uploading documents and electronic submission. This section will walk you through the process of submitting an electronic-based claim.

### 1: Select Claims

Once in the plan administrator site, navigate to the **'Claims'** link under the 'Members' section.



### 2: Search for the member

Search for the member by using the search criteria. If multiple members appear based on your search criteria, ensure you are selecting the correct member.

*Note: if a screen pops up saying "no results found," you must first enroll the member and add life benefits to their plan. To do so, please refer to the section "enrolling a member" on page 16.*

The screenshot shows a 'Search criteria' form with the following fields:

<b>ID number</b>	<input type="text"/>	<b>First name</b>	<input type="text"/>
<b>Last name</b>	<input type="text"/>	<b>Middle name</b>	<input type="text"/>
<b>Preferred name</b>	<input type="text"/>		
<b>Birth date</b>	<input type="text"/>		
	<small>(YYYY-MM-DD)</small>		
<b>Group number</b>	<input type="text" value="999"/>	<b>Participant type</b>	<input type="text"/>
<b>Personal health number</b>	<input type="text"/>	<b>Social insurance number</b>	<input type="text"/>
<b>Registration number</b>	<input type="text"/>	<b>Coverage number</b>	<input type="text"/>
<b>Unique identifier</b>	<input type="text"/>	<b>Employee number</b>	<input type="text"/>

At the bottom of the form are three buttons: 'Cancel', 'Reset', and 'Search'.

### 3: Acknowledgement and consent

Check the acknowledgement box and select the **'Submit a claim online'** button. If you'd prefer to continue with the upload form, refer to the section "submitting a paper claim" on page 10.

#### Submit a Disability claim

<b>▼ General information</b>					
<b>Member</b>	<b>Name</b>	<b>ID</b>	<b>Birth date</b>		
	Jamie Doe	123456-78	Jan 01, 1990		
<b>Group information</b>	<b>Name</b>	<b>Group number</b>	<b>Section</b>	<b>Class</b>	<b>Life group number</b>
	Company XYZ	123	A	A	123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>	Single	

Welcome to the claim submission wizard! Our online claiming system makes submitting life and disability claims simple. Please note, if the member's personal information needs to be updated, go to their member profile and correct it, then return to the wizard.

To make sure you're prepared with all the necessary information, please ensure you have access to the following:

- you may need a scanner and printer or digital device with a camera;
- the employee's current employment information, including the days missed due to disability;
- the employee's salary or payment information; and
- if applicable, any other documents to support the claim submission

To save the information you've entered while using the wizard, click "Save" at any time.

#### Acknowledgement and consent

- I, the plan administrator, have reviewed and provided to Alberta Blue Cross the benefit application form and all benefit change forms for the employee for whom a claim is submitted. I confirm that the benefit application and benefit change forms provided to Alberta Blue Cross are fully complete, duly signed, accurate and current to the best of my knowledge. I confirm that the original benefit application and benefit change forms will be retained in secure storage until the end of the employee's employment or until the employee is no longer eligible to submit a claim for benefits under their group benefit plan, whichever date is later. All Life & Disability benefits are underwritten by the Blue Cross Life Insurance Company of Canada.

Close

Submit a claim online

[I'd like to continue with the paper form](#)

#### 4: Filling in the claim

Fill in steps 1 to 6, which include the employee's employment details, other claims information, earning details and additional information. Then, upload all relevant documents to the claim before clicking on **'Save and continue.'**

### Submit a Disability claim

<b>General information</b>					
<b>Member</b>	<b>Name</b> Jamie Doe	<b>ID</b> 123456-78	<b>Birth date</b> Jan 01, 1990		
<b>Group information</b>	<b>Name</b> Company XYZ	<b>Group number</b> 123	<b>Section</b> A	<b>Class</b> A	<b>Life group number</b> 123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b> Single		

#### Step 1: Disability information

Please specify what kind of disability your employee is experiencing.

What is the type of disability?\*

Short term disability  Long term disability

What was the first day your employee was unable to work due to disability?\*

YYYY-MM-DD

What was the cause of the disability?\*

Accident  Illness  Unknown

Is this condition due, or related to, an occupational illness or accident (past or present)?\*

Yes  No  Unknown

Back

Delete

Save

Save and continue

#### Step 6: Document upload

Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being uploaded as expected.

Type of document

Select

Upload a document

Choose File No file chosen

Add

Document type

File name

Accident questionnaire

Test.txt

Remove

Back

Delete

Save

Save and continue

## 5: Review page

Review the information you've entered. If you need to revise anything you've entered please select the 'Edit' button and update the information. Select 'Submit' to submit the claim.

### Submit a Disability claim

<b>▼ General information</b>					
<b>Member</b>	<b>Name</b>	<b>ID</b>	<b>Birth date</b>		
	Jamie Doe	123456-78	Jan 01, 1990		
<b>Group information</b>	<b>Name</b>	<b>Group number</b>	<b>Section</b>	<b>Class</b>	<b>Life group number</b>
	Company XYZ	123	A	A	123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>	Single	

#### Review

Please review your information below and ensure that it is accurate. If any information needs to be updated, click the edit button at the top right of each section.

<b>Disability information</b>		
What is the type of disability?	Short term disability	
What was the first day your employee was unable to work due to disability?	Jan 01, 2022	
What was the cause of the disability?	Accident	
Is this condition due, or related to, an occupational illness or accident (past or present)?	No	
<b>Employment information</b>		
What is the employee's position/job title (as of last day worked)?	Test	
What is their position status?	Full-time	
What was this employee's first day of employment?	Jan 01, 2022	
When did this employee become eligible for benefits?	May 01, 2022	
When was this employee's last day worked?	May 10, 2022	
Has the employee returned to work since Jan 01, 2022?	No	
Did you offer modified work duties?	Yes	
Please describe the modified duties.	Test	
<b>Other claims</b>		
While employed by you, has the employee ever submitted a claim for similar causes with another insurer?	Unknown	
Is the employee receiving other disability-related benefits?	Unknown	

Review page continued ...

Other claims		Edit
While employed by you, has the employee ever submitted a claim for similar causes with another insurer?	Unknown	
Is the employee receiving other disability-related benefits?	Unknown	

Earnings		Edit
Current salary	\$50,000	
Salary frequency	Annual	

Additional information		Edit
Provide any additional information which may be of value in consideration of this application for benefits.		

Document upload		Edit
Document type	Accident questionnaire	
File name	Test.txt	

[Back](#) [Delete](#) [Submit](#)

## 6: Confirmation page

This page confirms the change has been submitted. You can review the online change form by clicking the hyperlinked confirmation number.

### Submit a Disability claim

▼ General information						
<b>Member</b>	<b>Name</b>	<b>ID</b>	<b>Birth date</b>			
	Jamie Doe	123456-78	Jan 01, 1990			
<b>Group information</b>	<b>Name</b>	<b>Group number</b>	<b>Section</b>	<b>Class</b>	<b>Life group number</b>	
	Company XYZ	123	A	A	123-456-A	
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>		Single	

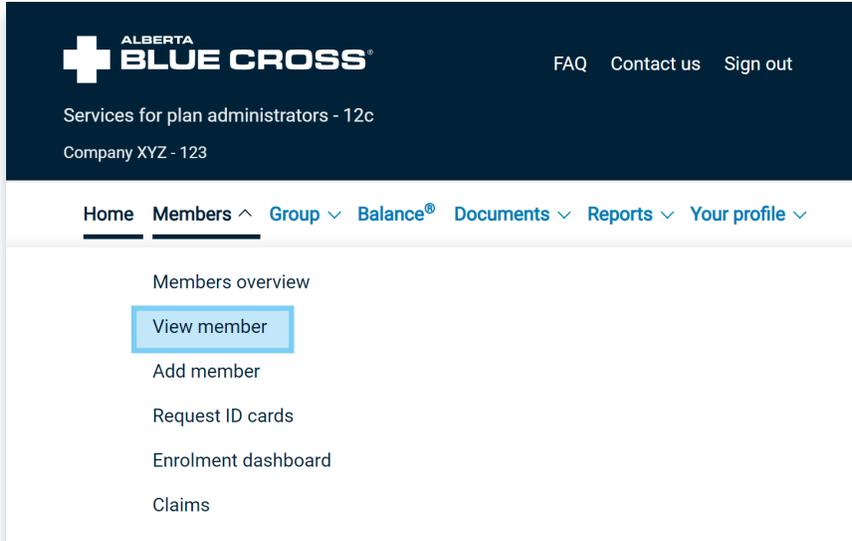
#### Confirmation

The disability claim has been successfully submitted. If you have additional documents to submit in support of the claim, please refer to Documents tab. A Life & Disability Services representative will contact the employee to discuss the next steps in your claim submission.

Please use this confirmation number for inquires: [692608](#). We recommend printing a copy of the information you have submitted by clicking on the confirmation number.

## Online Disability Claims Submission: Reviewing Online Disability Claims

1: Under the "Member" tab, select 'View member' then search the member by either first/last name or ID number.



The screenshot shows the top navigation bar of the Alberta Blue Cross website. The header includes the logo, navigation links (FAQ, Contact us, Sign out), and user information (Services for plan administrators - 12c, Company XYZ - 123). The main navigation menu is open, showing options like Home, Members, Group, Balance, Documents, Reports, and Your profile. The 'Members' dropdown menu is expanded, with 'View member' highlighted in a blue box.

2: Once on the members record, select the 'Life/disability' tab, then the 'Claims' subtab. To open a claim, click the claim number.



The screenshot shows the 'View participant enrolment' page for a member. The page displays general information, group information, and effective dates. The 'Life/disability' tab is selected, and the 'Claims' subtab is also selected. A table of claims is displayed below, with the first claim highlighted.

Claim number	Claim type	Status	Effective date
ABC-12345-67	LTD Benefit	Closed-Approved	Jun 28, 2022

3: After clicking the claim number, the claim information will appear.



### View disability claim information

**▼ General information**

<b>Member</b>	<b>Name</b> Jamie Doe	<b>ID</b> 123456-78	<b>Birth date</b> Jan 01, 1990	<b>Over-age class</b>	<b>Employee ID</b>
<b>Group information</b>	<b>Name</b> Company XYZ	<b>Group</b> 123	<b>Section</b>	<b>Class</b> A	<b>Life group number</b> 123-456-A
<b>Effective</b>	Feb 15, 2017		<b>Participant coverage</b>	Family	

**▼ Claim summary**

<b>Claimant</b>	<b>Name</b> Jamie Doe	<b>Birth date</b> Jan 01, 1990	<b>Age</b> 33	<b>Occupation</b> Manager
<b>Claim</b>	<b>Claim number</b> ABC-12345-67	<b>Claim type</b> LTD Benefit	<b>Status</b> Approved	<b>Case manager</b> Jane Smith

**▼ Claim details**

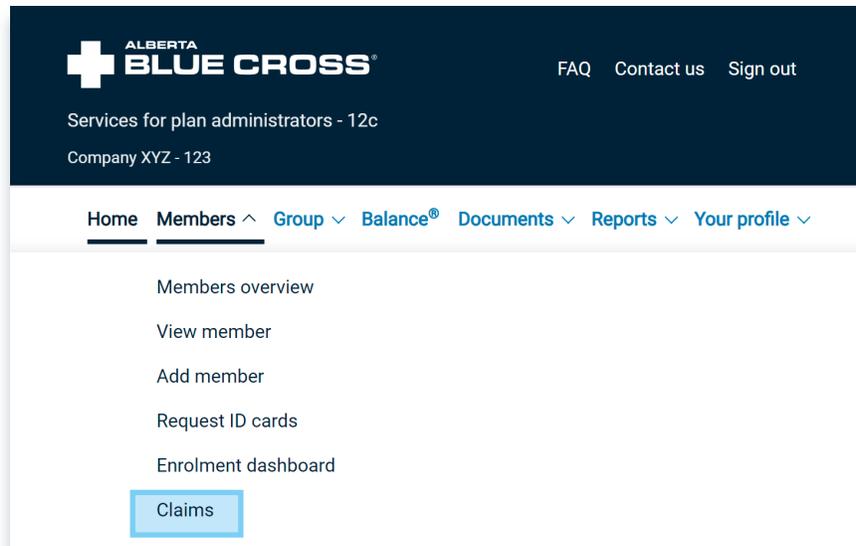
<b>Incident</b>	<b>Date last worked</b>	<b>Disability date</b> Apr 14, 2021	<b>Benefit effective date</b> Aug 11, 2021
	<b>Notification date</b> Apr 27, 2022	<b>Decision</b> Approved	<b>Decision date</b> Aug 17, 2022
			<b>Reason for decision</b> Benefit Approved
<b>Status</b>	<b>Case strategy</b>		
	<b>Expected resolution</b>	<b>Change of definition</b> Aug 11, 2023	<b>CPP application</b> Unknown

## Online Disability Claims Submission: Uploading a paper claim online

There are two paths through which you can submit a claim online: paper and electronic. This section will walk you through the process of entering the information required for the Employer Statement online and printing off the completed document to send to us.

### 1: Select Claims

Once in the plan administrator site, navigate to the **'Claims'** link under the 'Members' section.



### 2: Search for the member

Search for the member by using the search criteria. If multiple members appear based on your search criteria, ensure you are selecting the correct member.

*Note: if a screen pops up saying "no results found," you must first enroll the member and add life benefits to their plan.*

*To do so, please refer to the section "enrolling a member" on page 16.*

A screenshot of the 'Search criteria' form. The title 'Search criteria' is in blue. The form contains several input fields: 'ID number' (highlighted with a black border), 'Last name', 'Preferred name', 'Birth date' (with a '(YYYY-MM-DD)' hint), 'Group number', 'Personal health number', 'Registration number', 'Unique identifier', 'First name', 'Middle name', 'Participant type' (a dropdown menu), 'Social insurance number', 'Coverage number', and 'Employee number'. At the bottom, there are three buttons: 'Cancel', 'Reset', and 'Search'.

### 3: Acknowledgement and consent

Check the acknowledgement box and select 'I'd like to continue with the paper form'.

#### Submit a Disability claim

▼ General information					
<b>Member</b>	<b>Name</b>	<b>ID</b>	<b>Birth date</b>		
	Jamie Doe	123456-78	Jan 01, 1990		
<b>Group information</b>	<b>Name</b>	<b>Group number</b>	<b>Section</b>	<b>Class</b>	<b>Life group number</b>
	Company XYZ	123	A	A	123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>	Single	

Welcome to the claim submission wizard! Our online claiming system makes submitting life and disability claims simple. Please note, if the member's personal information needs to be updated, go to their member profile and correct it, then return to the wizard.

To make sure you're prepared with all the necessary information, please ensure you have access to the following:

- you may need a scanner and printer or digital device with a camera;
- the employee's current employment information, including the days missed due to disability;
- the employee's salary or payment information; and
- if applicable, any other documents to support the claim submission

To save the information you've entered while using the wizard, click "Save" at any time.

#### Acknowledgement and consent

- I, the plan administrator, have reviewed and provided to Alberta Blue Cross the benefit application form and all benefit change forms for the employee for whom a claim is submitted. I confirm that the benefit application and benefit change forms provided to Alberta Blue Cross are fully complete, duly signed, accurate and current to the best of my knowledge. I confirm that the original benefit application and benefit change forms will be retained in secure storage until the end of the employee's employment or until the employee is no longer eligible to submit a claim for benefits under their group benefit plan, whichever date is later. All Life & Disability benefits are underwritten by the Blue Cross Life Insurance Company of Canada.

Close

Submit a claim online

I'd like to continue with the paper form

#### 4: Disability information

Complete the disability information by selecting the type of disability claim being submitted in Step 1 (short or long term) and complete the rest of the requested information in the form. Select **'Save and continue'** to proceed to Step 2.

### Submit a Disability claim

<b>▼ General information</b>					
<b>Member</b>	<b>Name</b>	<b>ID</b>	<b>Birth date</b>		
	Jamie Doe	123456-78	Jan 01, 1990		
<b>Group information</b>	<b>Name</b>	<b>Group number</b>	<b>Section</b>	<b>Class</b>	<b>Life group number</b>
	Company XYZ	123	A	A	123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>	Single	

#### Step 1: Disability information

Please specify what kind of disability your employee is experiencing.

What is the type of disability?\*

Short term disability  Long term disability

What was the first day your employee was unable to work due to disability?\*

YYYY-MM-DD

What was the cause of the disability?\*

Accident  Illness  Unknown

Is this condition due, or related to, an occupational illness or accident (past or present)?\*

Yes  No  Unknown

Back

Delete

Save

Save and continue

## 5: Upload documents

Print, sign and scan the employer statement form for submission. Select the type of document(s) you're uploading in the drop down menu, choose the file and select 'Add'. Upload all relevant documents to claim.

### Submit a Disability claim

**General information**

<b>Member</b>	<b>Name</b> Jamie Doe	<b>ID</b> 123456-78	<b>Birth date</b> Jan 01, 1990		
<b>Group information</b>	<b>Name</b> Company XYZ	<b>Group number</b> 123	<b>Section</b> A	<b>Class</b> A	<b>Life group number</b> 123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>	Single	

**Step 2: Document upload**

Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being uploaded as expected.

You will need to print, sign and scan the Employer Statement form for submission.

 [Print the Employer Statement form](#)

Type of document

Upload a document  No file chosen

Once you've uploaded all relevant documents (they should all be listed in the 'document type' table), proceed to the next step by clicking 'Save and continue'.

**Step 2: Document upload**

Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being uploaded as expected.

You will need to print, sign and scan the Employer Statement form for submission.

 [Print the Employer Statement form](#)

Type of document

Upload a document  No file chosen

Document type	File name	
Employer statement	Test.docx	<input type="button" value="X Remove"/>

## 6: Review page

Review the information you've entered and select '**Submit**'.

### Submit a Disability claim

#### ▼ General information

<b>Member</b>	<b>Name</b> Jamie Doe	<b>ID</b> 123456-78	<b>Birth date</b> Jan 01, 1990		
<b>Group information</b>	<b>Name</b> Company XYZ	<b>Group number</b> 123	<b>Section</b> A	<b>Class</b> A	<b>Life group number</b> 123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>	Single	

#### Review

Please review your information below and ensure that it is accurate. If any information needs to be updated, click the edit button at the top right of each section.

#### Disability information Edit

What is the type of disability?	Short term disability
What was the first day your employee was unable to work due to disability?	Jan 01, 2022
What was the cause of the disability?	Accident
Is this condition due, or related to, an occupational illness or accident (past or present)?	No

#### Document upload Edit

Document type	Employer statement
File name	Test.docx

Back

Delete

Submit

## 7: Confirmation page

This page confirms the change has been submitted. You can review the online change form by clicking the hyperlinked confirmation number.

### Submit a Disability claim

▼ General information					
<b>Member</b>	<b>Name</b>	<b>ID</b>	<b>Birth date</b>		
	Jamie Doe	123456-78	Jan 01, 1990		
<b>Group information</b>	<b>Name</b>	<b>Group number</b>	<b>Section</b>	<b>Class</b>	<b>Life group number</b>
	Company XYZ	123	A	A	123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>	Single	

#### Confirmation

The disability claim has been successfully submitted. If you have additional documents to submit in support of the claim, please refer to Documents tab. A Life & Disability Services representative will contact the employee to discuss the next steps in your claim submission.

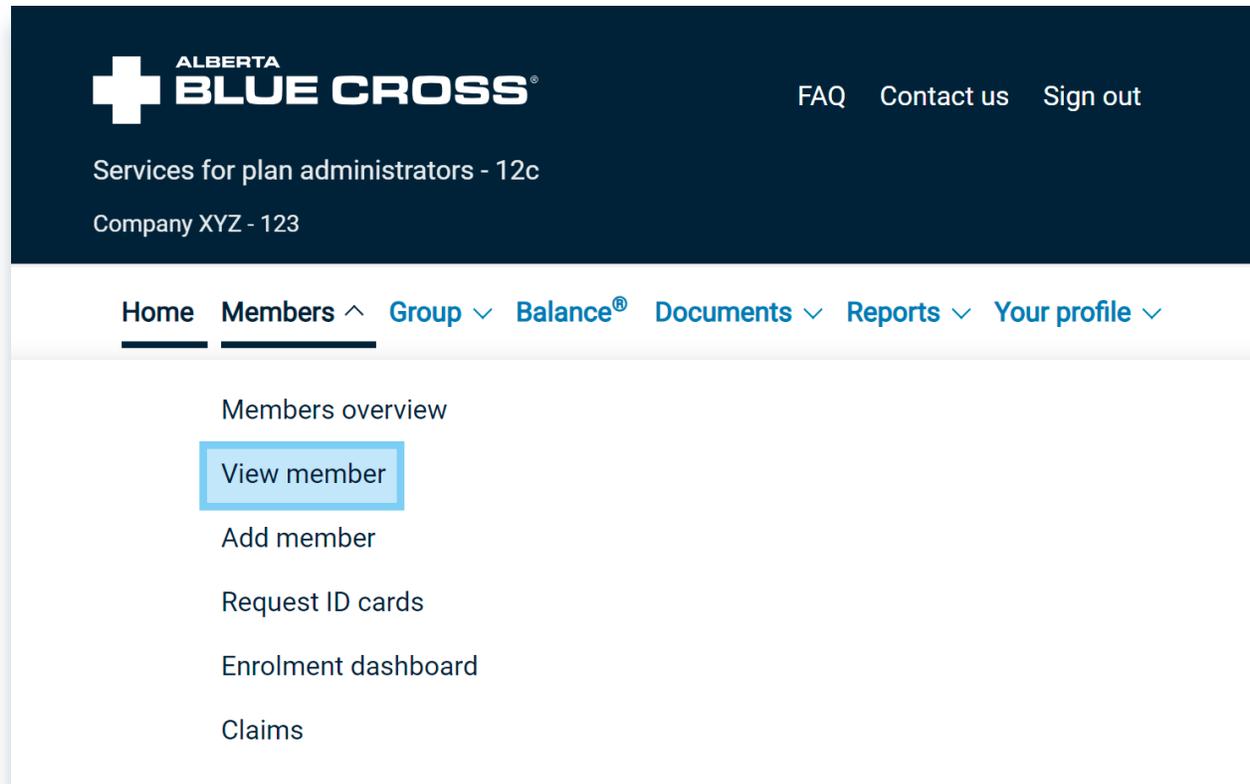
Please use this confirmation number for inquiries: [692621](#). We recommend printing a copy of the information you have submitted by clicking on the confirmation number.

## Enrol at time of claim: Enrolling a member into their Life and Disability benefits

Before you can submit a disability claim on behalf of your employee, the employee must already be actively enrolled in their life benefits. If these employees are not yet enrolled, you must first enrol them into their applicable life benefits through the following steps.

### 1: Select view member

In the plan administrator site, navigate to the **'View member'** link under the 'Members' section.



The screenshot shows the top navigation bar of the Alberta Blue Cross plan administrator site. The header is dark blue with the Alberta Blue Cross logo on the left and links for 'FAQ', 'Contact us', and 'Sign out' on the right. Below the header, the user's role 'Services for plan administrators - 12c' and company 'Company XYZ - 123' are displayed. The main navigation menu includes 'Home', 'Members', 'Group', 'Balance', 'Documents', 'Reports', and 'Your profile'. The 'Members' menu is expanded, showing a list of options: 'Members overview', 'View member' (highlighted with a blue box), 'Add member', 'Request ID cards', 'Enrolment dashboard', and 'Claims'.

## 2: Search for the member

Search for the member by using the search criteria. If multiple members appear based on your search criteria, ensure you are selecting the correct member.

### Search criteria

<b>Search criteria</b>		
<b>ID number</b>	<input type="text"/>	
<b>Last name</b>	<input type="text"/>	<b>First name</b> <input type="text"/>
<b>Preferred name</b>	<input type="text"/>	<b>Middle name</b> <input type="text"/>
<b>Birth date</b>	<input type="text"/> <small>(YYYY-MM-DD)</small>	
<b>Group number</b>	<input type="text"/>	<b>Participant type</b> <input type="text" value="v"/>
<b>Personal health number</b>	<input type="text"/>	<b>Social insurance number</b> <input type="text"/>
<b>Registration number</b>	<input type="text"/>	<b>Coverage number</b> <input type="text"/>
<b>Unique identifier</b>	<input type="text"/>	<b>Employee number</b> <input type="text"/>

## 3: View participant enrolment

Once you have selected the correct member and are in the 'View participant enrolment' section, select the 'Life and Disability' tab.

### View participant enrolment

▼ General information					
<b>Member</b>	<b>Name</b>	<b>ID</b>	<b>Birth date</b>	<b>Over-age class</b>	
	Jamie Doe	123456-78	Jan 01, 1990		
<b>Group information</b>	<b>Name</b>	<b>Group</b>	<b>Section</b>	<b>Class</b>	<b>Life group number</b>
	Company XYZ	123	A	A	123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b>	Single	
<a href="#">Edit address</a> <a href="#">Edit salary</a> <a href="#">Edit participant coverage</a> <a href="#">Add dependents</a>					

< **Overview** Member Dependent Health/dental Wellness **Life/disability** Spending account > ▼

▼ Contacts

**Mailing address**

#### 4: Select the 'Add' button to start the addition process

Once you're in the 'Life and Disability' tab, select the 'Add' button at the bottom of the page under 'Enrolled benefits'.

### View participant enrolment

**General information**

<b>Member</b>	<b>Name</b> Jamie Doe	<b>ID</b> 123456-78	<b>Birth date</b> Jan 01, 1990	<b>Over-age class</b>	
<b>Group information</b>	<b>Name</b> Company XYZ	<b>Group</b> 123	<b>Section</b> A	<b>Class</b> A	<b>Life group number</b> 123-456-A
<b>Effective</b>	Apr 01, 2022		<b>Participant coverage</b> Single		

[Edit address](#) [Edit salary](#) [Edit participant coverage](#) [Add dependents](#)

Overview Member Dependent Health/dental Wellness **Life/disability** Spending account

Benefit Beneficiary Member salary and occupation Coverage Claims

\*999-A-A (Apr 01 2022 - )

Include history

**Enrolled benefits**

Benefit	Effective	Termination	Billing waiver
Basic Life	Apr 01, 2022		
AD&D	Apr 01, 2022		

Add Edit Waive

Cancel Close Terminate member Transfer member Member class change

### 5: Add Life and Disability Benefits

Select the applicable boxes and enter the effective date of coverage. The effective date of coverage is the date of the incident. Proceed to enter the member salary and occupation information. The occupation category is a high-level grouping of different types of occupations, please choose the one closest to the member's occupation. Press 'Next'.



## Add Life and/or disability benefits

**▼ General information**

	<b>Member Name</b>	Jamie Doe	<b>ID</b>	123456-78	<b>Coverage</b>	12345678-91	<b>Birth date</b>	Jan 01, 1990
	<b>Group information Name</b>	Company XYZ	<b>Group number</b>	123	<b>Section</b>	1	<b>Class</b>	1A
							<b>Life group number</b>	12345-678-91A
	<b>Effective</b>	Mar 01, 2022			<b>Participant coverage</b>	Family		

**Life and/or disability benefits**

**Optional life benefits**

	Benefit	Participant package coverage	Coverage amount (\$)	Request effective (YYYY-MM-DD)	Termination
<input type="checkbox"/>	Basic Life(Enrol at claim)	Single		<input type="text"/>	
<input type="checkbox"/>	AD&D(Enrol at claim)	Single		<input type="text"/>	
<input type="checkbox"/>	Dep Life(Enrol at claim)	Family		<input type="text"/>	
<input type="checkbox"/>	LTD(Enrol at claim)	Single		<input type="text"/>	
<input type="checkbox"/>	Opt AD&D(Enrol at claim)	Family	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	Opt Emp Life(Enrol at claim)	Single	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	Opt Spouse Life(Enrol at claim)	Single	<input type="text"/>	<input type="text"/>	

**Member salary and occupation**

<b>Salary (\$)</b>	<input type="text"/>	<b>Salary frequency type</b>	<input type="text" value="▼"/>
<b>Hours worked per week</b>	<input type="text"/>		
<b>Occupation category</b>	<input type="text" value="▼"/>		
<b>Occupation</b>	<input type="text"/>		

Cancel
Next

## 6: Review entry and submit

Review the information entered, select the acknowledgment check box and submit.



### Review

▶ General information

▶ Member information

▶ Dependent information

▶ Health and/or dental

▼ Life and/or disability

▶ Enrolled benefits

▼ Optional enrolled benefits

Benefit	Participant coverage	Effective	Termination
Basic Life(Enrol at claim)	Single	Mar 01, 2022	
LTD(Enrol at claim)	Single	Mar 01, 2022	

▼ Member salary and occupation

**Salaries**

Salary (\$)	Frequency type	Hours worked per week	Effective	Termination
50,000.00	Annual	40	Mar 01, 2022	

**Occupation**

Occupation category *Hospitality (e.g. hotel) and food service*  
Occupation *Hospitality*

*I have retained the original application and/or change forms for the employee. Application and change forms are duly signed and stored in a secure place either for the entire course of their employment or the date the employee is no longer eligible to make application for a claim under their policy, whichever is later.*

## 7: Confirmation page

This page confirms the change has been submitted. You can review the online change form by clicking the hyperlinked confirmation number.

### Confirmation

General information					
<b>Group information</b>	<b>Name</b>	<b>Group</b>	<b>Section</b>	<b>Class</b>	<b>Life group</b>
Company XYZ		123	A	A	12345-678-91A

Member information	
<b>Name</b>	<b>ID number</b>
Jamie Doe	123456-78

**Details**

Updates have been successfully submitted.

Please use this confirmation number for inquiries [693814](#). We recommend printing a copy of the information you have submitted by clicking on the confirmation number.

[Create participant](#) [Search for participant](#) [Close](#)

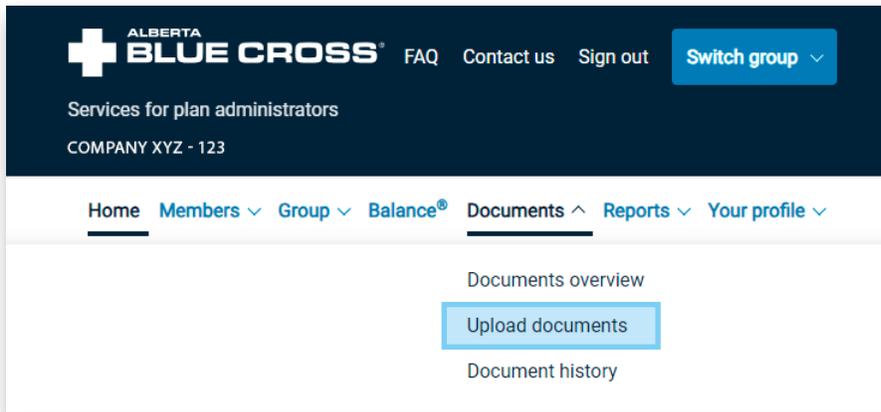
## Online Claims Submission: Uploading documents

This section will walk you through uploading documents for an existing disability claim and uploading documents for any other life and disability claims.

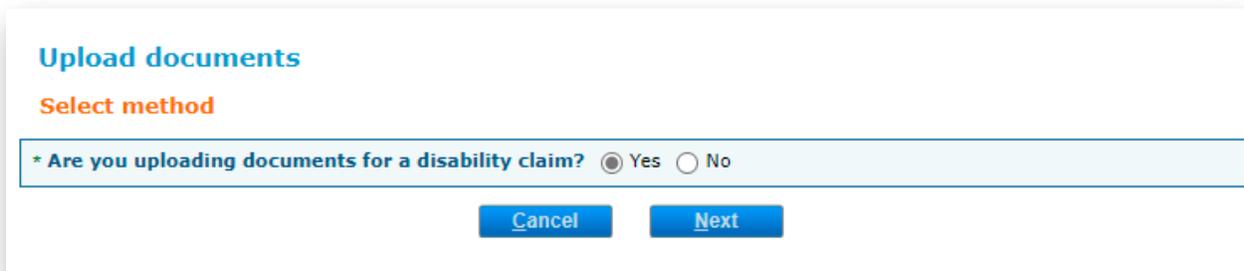
### Upload documents for an existing disability claim

#### 1: Select Upload documents

Once in the plan administrator site, navigate to the **'Upload documents'** link under the 'Documents' section.



Select **'Yes'** once prompted.



## 2: Search for the member

Search for the member by ID number or by first and last name.

### Search criteria

**Search criteria**

Hint: For accurate search results, please fill out the **ID number** or the **Last/First name** fields only.

<b>ID number</b>	<input type="text"/>	<b>First name</b>	<input type="text" value="Jamie"/>
<b>Last name</b>	<input type="text" value="Doe"/>	<b>Middle name</b>	<input type="text"/>
<b>Preferred name</b>	<input type="text"/>	<b>Tracking identifier</b>	<input type="text"/>
<b>Birth date</b>	<input type="text"/> <small>(YYYY-MM-DD)</small>	<b>Participant type</b>	<input type="text" value="v"/>
<b>Group number</b>	<input type="text" value="123"/>	<b>Social insurance number</b>	<input type="text"/>
<b>Personal health number</b>	<input type="text"/>	<b>Coverage number</b>	<input type="text"/>
<b>Registration number</b>	<input type="text"/>	<b>Employee number</b>	<input type="text"/>
<b>Unique identifier</b>	<input type="text"/>		

## 3: Upload the document

Once the member is selected, click 'Upload Document'.

### Upload document history

▼ **General information**

<b>Member</b>	<b>Name</b>	<b>ID</b>	<b>Birth date</b>		
	<a href="#">Doe, Jamie</a>	123456-78	Jan 01, 1990		
<b>Group information</b>	<b>Name</b>	<b>Group number</b>	<b>Section</b>	<b>Class</b>	<b>Life group number</b>
	COMPANY XYZ	123	A	A	12345-67891A
<b>Effective</b>	Feb 15, 2017	<b>Participant coverage</b>	Family		

View all uploaded documents uploaded on behalf of the plan member

Document name	Document type	Submitted by	Submitted on
<a href="#">1234.docx</a>	Accident questionnaire	Michael Stussack	Jul 06, 2023 14:44:46
<a href="#">CSD09296536.pdf</a>	APP-BEN-EMPR-STMT	Nancy E Wilson	Jan 06, 2022 12:28:33
<a href="#">5678.docx</a>	Employee statement	Michael Stussack	Jun 20, 2023 08:49:06

#### 4: Select the document type

Select the document type and click 'Choose File' to select the document. Enter the claim number if you have it available.

### Upload documents

**General information**

<b>Member</b>	<b>Name</b> Doe, Jamie	<b>ID</b> 123456-78	<b>Birth date</b> Jan 01, 1990		
<b>Group information</b>	<b>Name</b> COMPANY XYZ	<b>Group number</b> 123	<b>Section</b> A	<b>Class</b> A	<b>Life group number</b> 12345-67891A
<b>Effective</b>	Feb 15, 2017		<b>Participant coverage</b>	Family	

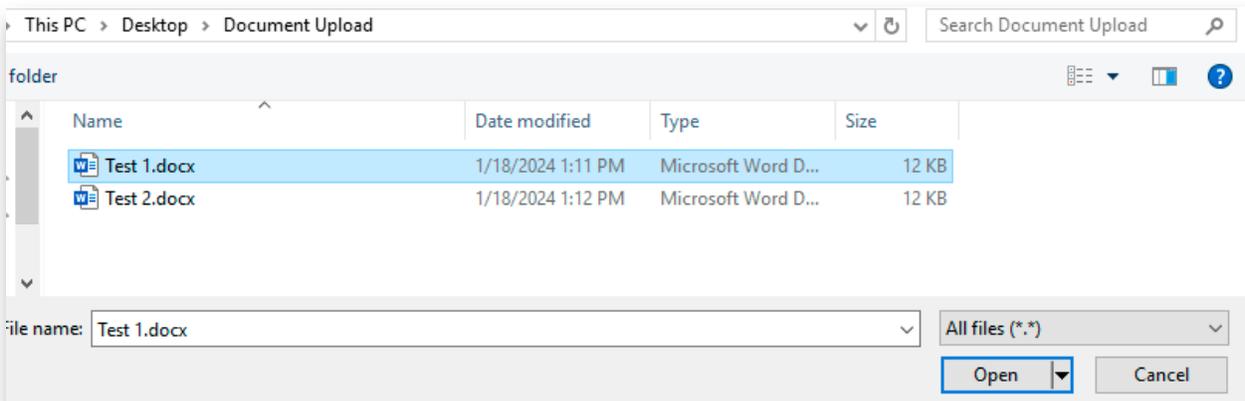
**Document upload**

Please upload any additional documents to support the claim. Ensure you upload the correct file type. Incorrect file types may prevent the file from being uploaded as expected.

Claim number

Type of document

Upload a document  No file chosen



### 5: Add the document

Once selected, click **'Add'**. Up to 10 documents can be submitted in one transaction. When all documents are uploaded, click **'Submit'**.

#### Document upload

Please upload any additional documents to support the claim. Ensure you upload the correct file type. Incorrect file types may prevent the file from being uploaded as expected.

Claim number

Type of document

Upload a document  No file chosen

Document type	File name	
Employee statement	Test 1.docx	<input type="button" value="X Remove"/>

### 6: Confirmation

You will receive a confirmation once this is complete.

#### Upload documents

##### Confirmation

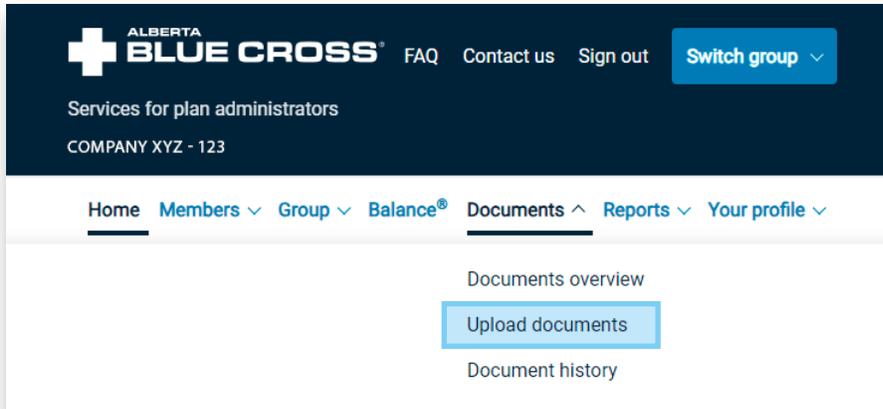
#### Confirmation

Thank you for uploading your document(s). They have now been successfully received. Your confirmation number is [123456](#).

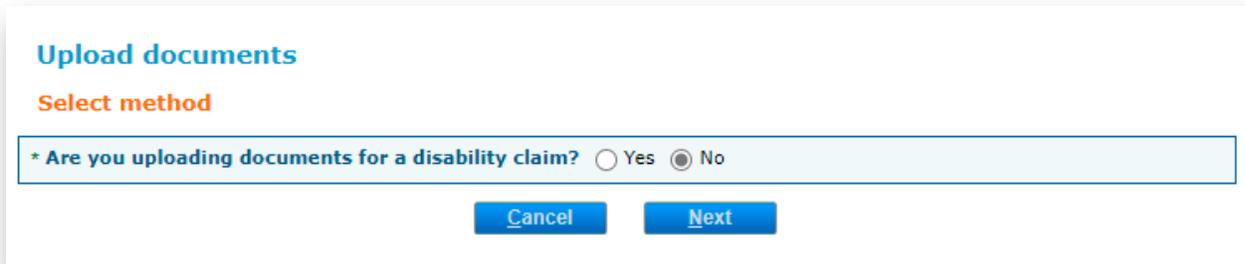
## Upload documents for all other life and disability claims

### 1: Select Upload documents

Once in the plan administrator site, navigate to the **'Upload documents'** link under the 'Documents' section.



Select **'No'** once prompted.



## 2: Choose your files

Select the document type 'Other' and click 'Choose Files' to select the document.

### Choose your files

Please keep in mind that **member health and dental claims** should not be uploaded here. These types of claims should be submitted through member site.

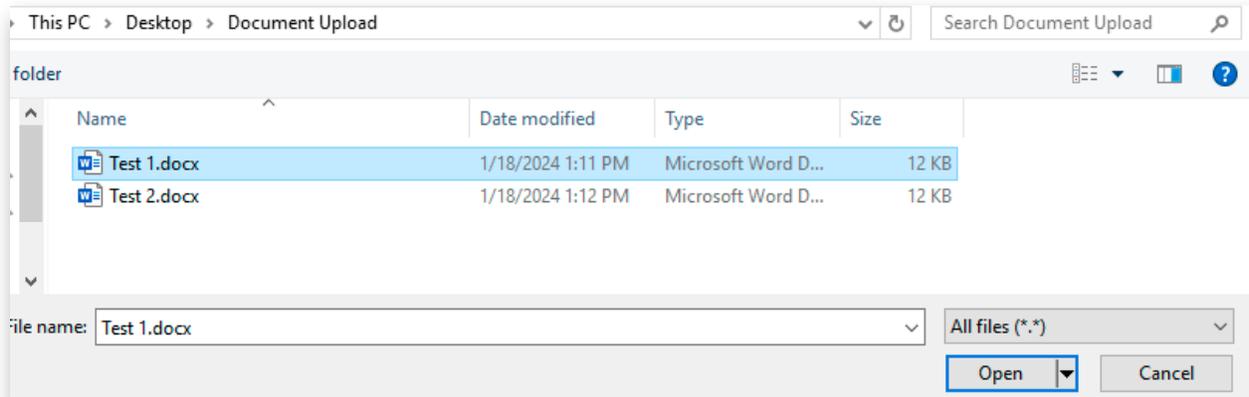
\* Type of document ⓘ Select

\* Upload a document

  
Choose Files No file chosen

Add

Home Submit



### 3: Add the document

Once selected, click **'Add'**. Up to 10 documents can be submitted in one transaction. When all documents are uploaded, click **'Submit'**.

Please keep in mind that **member health and dental claims** should not be uploaded here. These types of claims should be submitted through member site.

\* Type of document ⓘ Other

\* Upload a document

  
Choose Files No file chosen

Add

Document type	File name	
Other	Test 1.docx	<a href="#">X Remove</a>

Home Submit

### 4: Confirmation

You will receive a confirmation once this is complete.

## Upload documents

### Confirmation

**Confirmation**

Thank you for uploading your document(s). They have now been successfully received. Your confirmation number is [123456](#).

Home Document history

## CONTACT US WITH QUESTIONS OR CONCERNS

If you have difficulties, please contact the Group Plan Administrator Support department at [groupeligibility@ab.bluecross.ca](mailto:groupeligibility@ab.bluecross.ca), or call **780-498-5925** (Edmonton and area), or toll-free at **1-866-498-5925** (Canada and the U.S.).

Office hours: **Monday–Friday, 8:30 a.m. to 5:00 p.m.(MT)**.



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