

Salary Continuance user guide

This guide will walk you through how to submit a Salary Continuance claim through the Plan Administrator portal.

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Salary Continuance

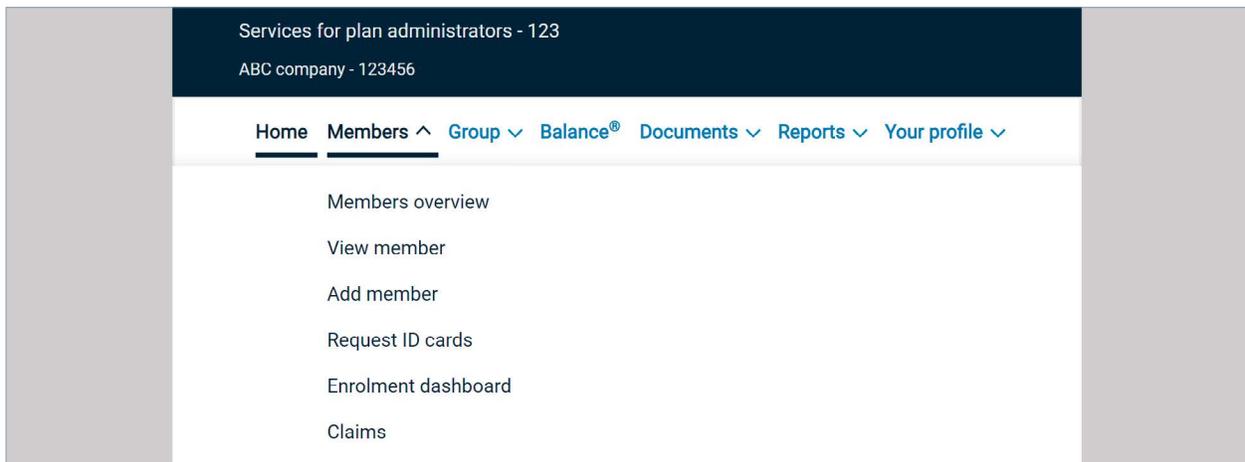
Salary Continuance is self-insured, short term disability benefits maintained and controlled by the group. Salary Continuance is professionally managed and supported by Alberta Blue Cross.

Note: A member can only have one open Salary Continuance claim at a time.

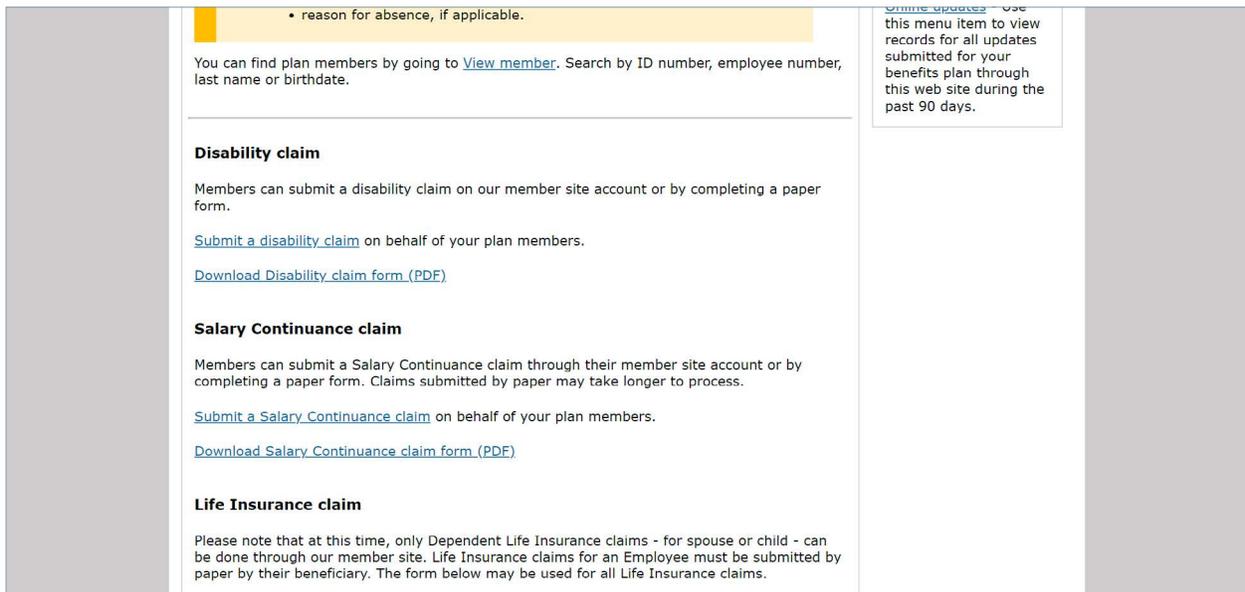
Plan administrators

HOW TO SUBMIT A SALARY CONTINUANCE CLAIM ONLINE

1. Go to **ab.bluecross.ca**. Click the **Sign in** button, then click **Group plan administrators** and log in with your credentials. Once you are logged in, click the **Members** tab, then select **Claims**.



2. Under the **Salary Continuance claim** header, select **Submit a Salary Continuance claim**.



3. Search for the member.

The screenshot shows the 'Search criteria' form on the Alberta Blue Cross website. At the top left is the Alberta Blue Cross logo. Below it is the title 'Search criteria'. A hint reads: 'Hint: For accurate search results, please fill out the ID number or the Last/First name fields only.' The form contains 14 input fields arranged in two columns. The left column includes: ID number, Last name, Preferred name, Birth date (with a '(YYYY-MM-DD)' format hint), Group number, Personal health number, Registration number, and Unique identifier. The right column includes: First name, Middle name, Tracking identifier, Participant type (a dropdown menu), Social insurance number, Coverage number, and Employee number. At the bottom of the form are three buttons: 'Cancel', 'Reset', and 'Search'.

4. Check the acknowledgement and consent and select **Submit an online claim**.

The screenshot shows the 'Submit a Salary Continuance claim' form. At the top left is the Alberta Blue Cross logo. Below it is the title 'Submit a Salary Continuance claim'. The form is divided into three main sections. The first section, 'General information', contains a table with columns for 'Member', 'Name', 'ID', and 'Birth date'. Below this is another table with columns for 'Group information', 'Name', 'Group number', 'Section', 'Class', and 'Life group number'. The second section, 'Starting a claim', contains a paragraph of instructions and a bulleted list of requirements: a scanner and printer or digital device with a camera, the member's current employment information, and any other documents to support the claim. The third section, 'Acknowledgement and consent', contains a paragraph of terms and conditions and a checkbox for consent. At the bottom of the form are three buttons: 'Back', 'Submit a paper claim', and 'Submit an online claim'.

- Follow steps 1 to 3 of the submission wizard and answer all questions, clicking **Save and continue** each time.

Submission wizard step 1

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Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective	Participant coverage				

Step 1 of 5: Disability information

Tell us about your member's disability.

What was the last day they worked?*
(YYYY-MM-DD)

What was the first day they were unable to work due to disability?*
(YYYY-MM-DD)

What was the cause of the disability?* Accident Illness Unknown

Back **Delete** **Save** **Save and continue**

Submission wizard step 2

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Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective	Participant coverage				

Step 2 of 5: Employment information

Provide details about your member's work status.

Did they return to work after Dec 12, 2012?* Yes No

Back **Delete** **Save** **Save and continue**

Submission wizard step 3

The screenshot shows the 'Submit a Salary Continuance claim' wizard, Step 3 of 5: Additional information. The page header includes the Alberta Blue Cross logo. The main heading is 'Submit a Salary Continuance claim'. Below this is a 'General information' section with a table containing member and group details. The 'Member' row includes Name, ID, and Birth date. The 'Group information' row includes Name, Group number, Section, Class, and Life group number. Below the table, 'Effective' and 'Participant coverage' are listed. The main content area is titled 'Step 3 of 5: Additional information' and contains the instruction: 'Please provide the member's preferred contact information and any other relevant details that would be helpful to know.' Below this is a large text input field with a '0/2000' character count. At the bottom are four buttons: 'Back', 'Delete', 'Save', and 'Save and continue'.

General information					
Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective			Participant coverage		

- On step 4 of the submission wizard, attach relevant documents by selecting a document type from the drop-down menu and choosing the file you want to upload.

The screenshot shows the 'Submit a Salary Continuance claim' wizard, Step 4 of 5: Document upload. The page header includes the Alberta Blue Cross logo. The main heading is 'Submit a Salary Continuance claim'. Below this is a 'General information' section with a table containing member and group details. The 'Member' row includes Name, ID, and Birth date. The 'Group information' row includes Name, Group number, Section, Class, and Life group number. Below the table, 'Effective' and 'Participant coverage' are listed. The main content area is titled 'Step 4 of 5: Document upload' and contains the instruction: 'Upload any documents that are relevant to this claim.' Below this is a 'Document type' dropdown menu with 'Select' as the current selection. Below that is an 'Upload a document' section with a 'Choose File' button and the text 'No file chosen'. Below this is an 'Add file' button. At the bottom are four buttons: 'Back', 'Delete', 'Save', and 'Save and continue'.

General information					
Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective			Participant coverage		

Once you have chosen a file, click the **Add file** to include it in your submission.

Once all files are added, click **Save and continue**.

Note: A maximum of 10 files can be uploaded in one submission with a total maximum size of 200 MB.

7. Ensure all the information entered is correct. If any changes are required, click the **Edit** button on the applicable section. When ready, click **Submit** to finish the submission.



Submit a Salary Continuance claim

▼ General information

Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective	Participant coverage				

Step 5 of 5: Review

You're almost done-let's review the information before you submit. If you need to make changes, click **Edit**.

Disability information ✎ Edit

What was the last day they worked?

What was the first day they were unable to work due to disability?

What was the cause of the disability?

Employment information ✎ Edit

Did they return to work after

Additional information ✎ Edit

Please provide the member's preferred contact information and any other relevant details that would be helpful to know.

Document upload ✎ Edit

Document type: Employee statement

Back
Delete
Submit

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Life, disability and travel insurance plans are underwritten by various underwriters. For information, visit ab.bluecross.ca/underwriters.



8. You will see a confirmation number with a PDF option to print. You will also see a case number and submission date.

Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date

Group information

Name	Group number	Section	Class	Life group number

Effective **Participant coverage**

Confirmation

Your member's claim has been submitted. If you have more documents to upload, return to the home page and go to **Documents**.

A Life and Disability Services representative will contact the member to discuss what happens next. The member will also receive an email about their claim. To make sure their preferred email address is up to date, go **Member** and choose **View member**.

Download claim summary

Confirmation number: [redacted] (PDF)

Case number: [redacted]

Date submitted: [redacted]

If you have any questions about the claim, email LifeandDisabilityClaimsInquiries@ab.bluecross.ca and provide the case number for reference.

Close

PDF copy example

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10009-108 Street NW, Edmonton, AB T5J 3C5
 Telephone: 587-756-8631 or 1-800-763-6206
 Fax: 780-441-2605 or 1-855-660-2605
 Email: LifeandDisabilityClaimsInquiries@ab.bluecross.ca
 www.ab.bluecross.ca

Salary Continuance claim submission

Login Id: [redacted]
 Confirmation number: [redacted]
 Date: [redacted] Time: [redacted]

General information

Member	Name	ID	Birth date	Over-age class

Group information

Name	Group	Section	Class	Life group number

Effective **Participant coverage**

Disability information

What was the last day they worked? [redacted]

What was the first day they were unable to work due to disability? [redacted]

What was the cause of the disability? [redacted]

Is this condition due, or related to, an occupational illness or accident (past or present)? [redacted]

How did this accident occur? [redacted]

Employment information

Did they return to work since Dec 12, 2012? [redacted]

Additional information

Please provide the member's preferred contact information and any other relevant details that would be helpful to know. [redacted]

Document upload

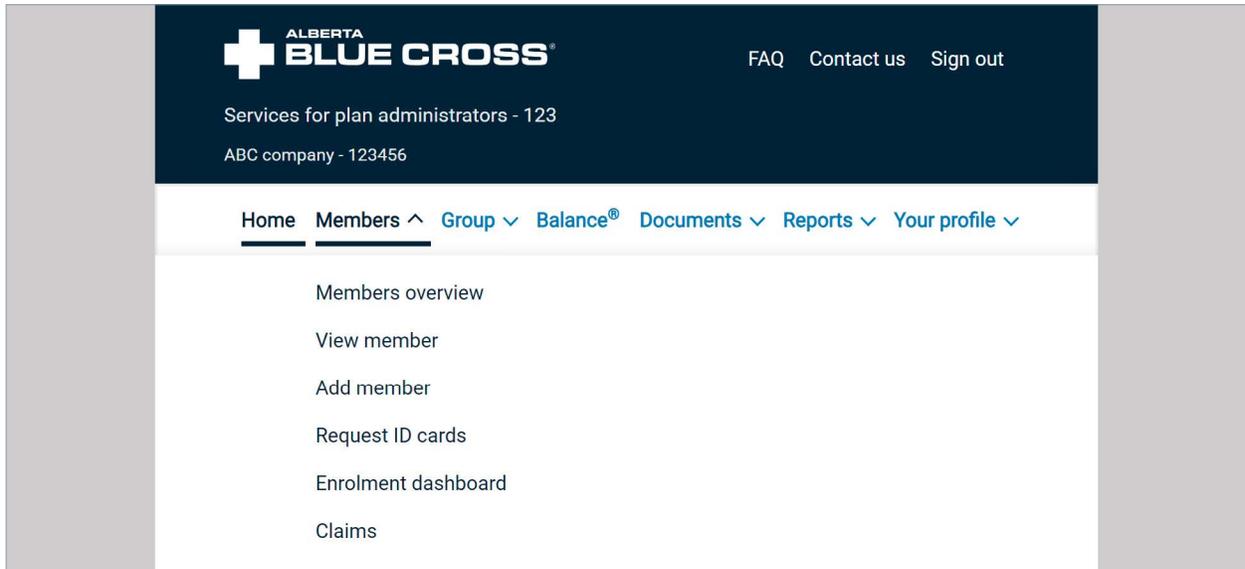
Document type: Employee statement [redacted]

Acknowledgement and consent

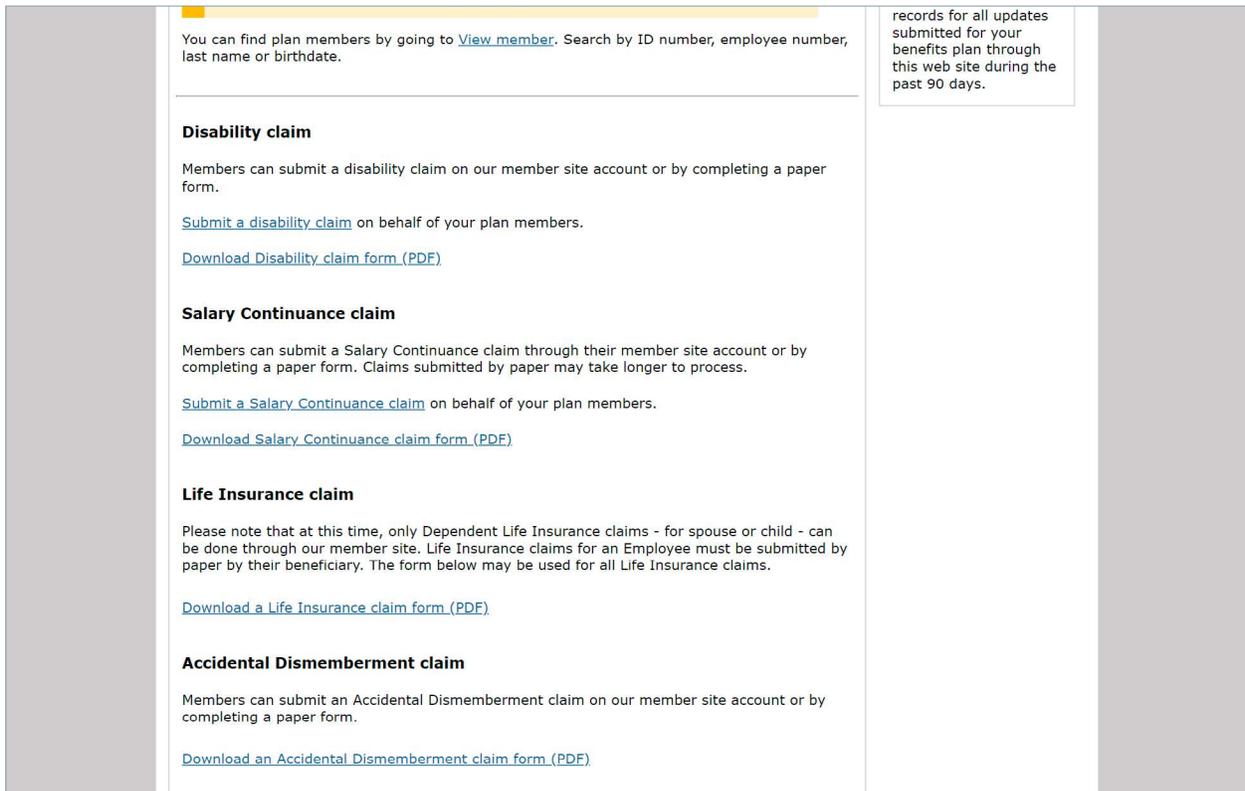
I, the plan administrator, have reviewed and provided to Alberta Blue Cross the benefit application form and all benefit change forms for the employee for whom a claim is submitted. I confirm that the benefit application and benefit change forms provided to Alberta Blue Cross are fully complete, duly 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.

HOW TO SUBMIT A SALARY CONTINUANCE PAPER CLAIM

1. Go to **ab.bluecross.ca**. Click the **Sign in** button, then click **Group plan administrators** and log in with your credentials. Once you are logged in, click the **Members** tab, then select **Claims**.



2. Under the **Salary Continuance claim** header, select **Submit a Salary Continuance claim**.



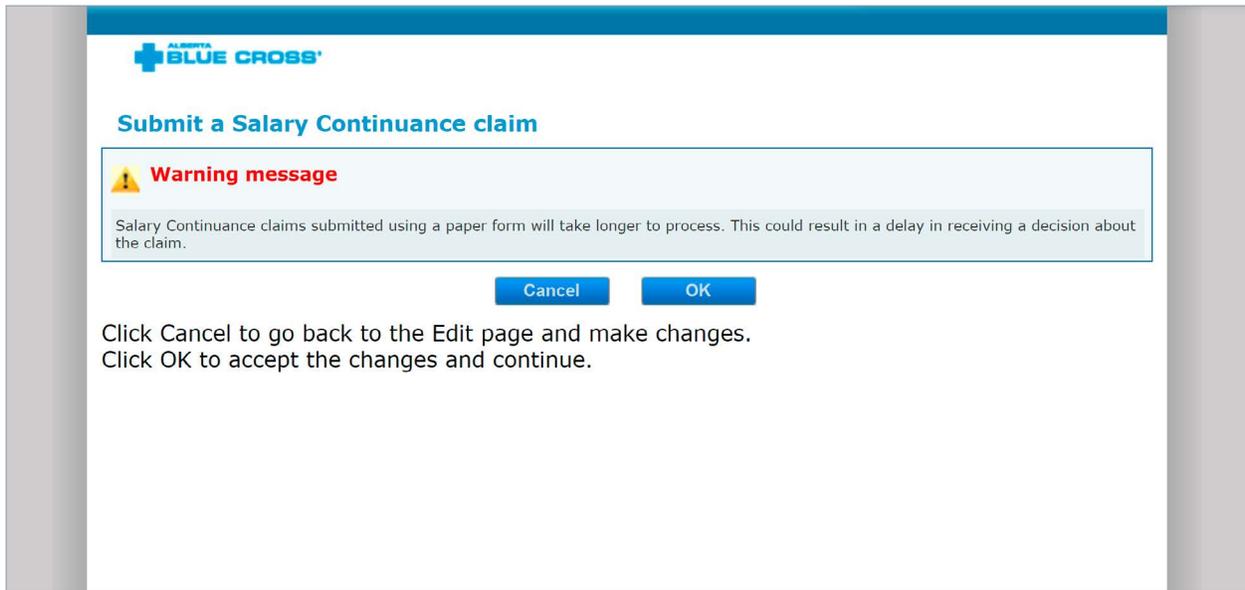
3. Search for the member.

The screenshot shows the 'Search criteria' form for Alberta Blue Cross. At the top left is the Alberta Blue Cross logo. Below it is the heading 'Search criteria'. A hint reads: 'Hint: For accurate search results, please fill out the ID number or the Last/First name fields only.' The form contains two columns of input fields: ID number, Last name, Preferred name, Birth date (with a '(YYYY-MM-DD)' format note), Group number, Personal health number, Registration number, Unique identifier, First name, Middle name, Tracking identifier, Participant type (a dropdown menu), Social insurance number, Coverage number, and Employee number. At the bottom are three buttons: 'Cancel', 'Reset', and 'Search'.

4. Check the acknowledgement and consent and select Submit a paper claim.

The screenshot shows the 'Submit a Salary Continuance claim' form. At the top left is the Alberta Blue Cross logo. Below it is the heading 'Submit a Salary Continuance claim'. The form is divided into several sections: 'General information' with a table for Member (Name, ID, Birth date) and Group information (Name, Group number, Section, Class, Life group number), 'Effective' date, and 'Participant coverage'; 'Starting a claim' with instructions and a bulleted list of requirements; and 'Acknowledgement and consent' with a checkbox and a paragraph of terms and conditions. At the bottom are three buttons: 'Back', 'Submit a paper claim', and 'Submit an online claim'.

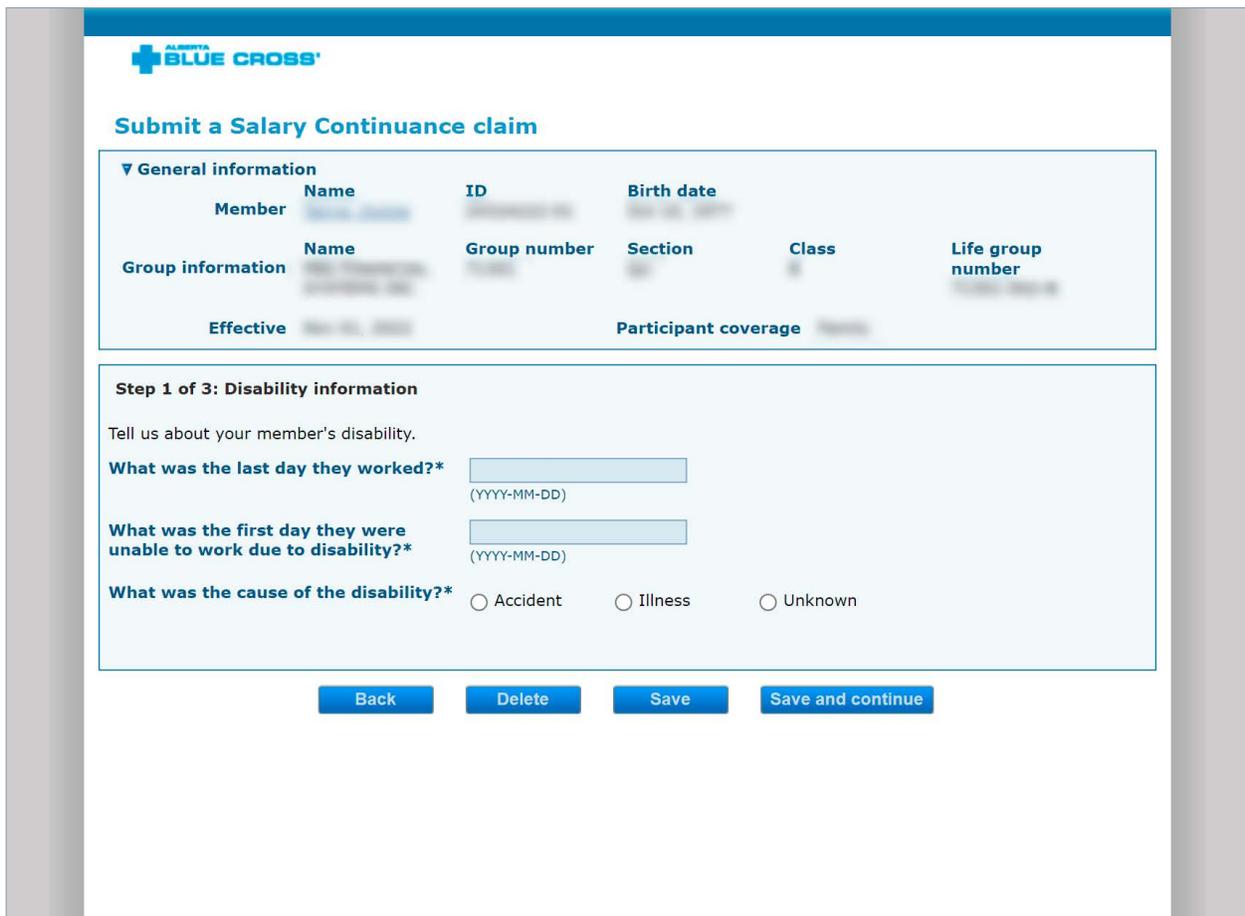
5. A warning message will appear advising that paper claims will take longer to process. Click **OK** to continue.



The screenshot shows a warning message dialog box with the Alberta Blue Cross logo at the top. The title is "Submit a Salary Continuance claim". The message text reads: "Salary Continuance claims submitted using a paper form will take longer to process. This could result in a delay in receiving a decision about the claim." Below the message are two buttons: "Cancel" and "OK".

Click Cancel to go back to the Edit page and make changes.
Click OK to accept the changes and continue.

6. Answer all questions on step 1 of the submission wizard and click **Save and continue**.



The screenshot shows the "Submit a Salary Continuance claim" submission wizard. The top section is "General information" with fields for Member Name, ID, Birth date, Group information (Name, Group number, Section, Class, Life group number), Effective date, and Participant coverage. The main section is "Step 1 of 3: Disability information" with the instruction "Tell us about your member's disability." and three questions: "What was the last day they worked?*" (YYYY-MM-DD), "What was the first day they were unable to work due to disability?*" (YYYY-MM-DD), and "What was the cause of the disability?*" with radio button options for Accident, Illness, and Unknown. At the bottom are buttons for "Back", "Delete", "Save", and "Save and continue".

- Attach relevant documents by selecting a document type from the drop-down menu and choosing the file you want to upload.

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Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective	Participant coverage				

Step 2 of 3: Document upload

You will need to print, sign and scan the Employer Statement form. Then, upload the form along with any other documents relevant to this claim.

[Print the Employer Statement form](#)

Document type: ▼

Upload a document: No file chosen

Once you have chosen a file, click the **Add file** to include it in your submission.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective	Participant coverage				

Step 2 of 3: Document upload

You will need to print, sign and scan the Employer Statement form. Then, upload the form along with any other documents relevant to this claim.

[Print the Employer Statement form](#)

Document type: ▼

Upload a document: No file chosen

Document type	File name	
Attending physician statement		<input type="button" value="X Remove"/>

Once all files are added, click **Save and continue**.

Note: You must upload the Employer Statement.

Note: A maximum of 10 files can be uploaded in one submission with a total maximum size of 200 MB.

8. Ensure all the information entered is correct. If any changes are required, click the **Edit** button on the applicable section. When ready, click **Submit** to finish the submission.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date

Group information	Name	Group number	Section	Class	Life group number

Effective: Participant coverage:

Step 3 of 3: Review

You're almost done-let's review the information before you submit. If you need to make changes, click **Edit**.

Disability information Edit

What was the last day they worked? [Date]

What was the first day they were unable to work due to disability? [Date]

What was the cause of the disability? [Text]

Document upload Edit

Document type: Employer statement [File Name]

Back **Delete** **Submit**

9. You will see a confirmation number with a PDF option to print. You will also see a case number and submission date.

Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date

Group information

Name	Group number	Section	Class	Life group number

Effective **Participant coverage**

Confirmation

Your member's claim has been submitted. If you have more documents to upload, return to the home page and go to **Documents**.

A Life and Disability Services representative will contact the member to discuss what happens next. The member will also receive an email about their claim. To make sure their preferred email address is up to date, go **Member** and choose **View member**.

Download claim summary

Confirmation number: [redacted] (PDF)

Case number: [redacted]

Date submitted: [redacted]

If you have any questions about the claim, email LifelandDisabilityClaimsInquiries@ab.bluecross.ca and provide the case number for reference.

Close

PDF copy example

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10009-108 Street NW, Edmonton, AB T5J 3C5
 Telephone: 587-726-8631 or 1-800-763-6206
 Fax: 780-441-2605 or 1-855-660-2605
 Email: LifelandDisabilityClaimsInquiries@ab.bluecross.ca
www.ab.bluecross.ca

Salary Continuance claim submission

Login Id: [redacted]
 Confirmation number: [redacted]

Date: [redacted] Time: [redacted]

General information

Member	Name	ID	Birth date	Over-age class

Group information

Name	Group	Section	Class	Life group number

Effective **Participant coverage**

Disability information

What was the last day they worked? [redacted]

What was the first day they were unable to work due to disability? [redacted]

What was the cause of the disability? [redacted]

Is this condition due, or related to, an occupational illness or accident (past or present)? [redacted]

How did this accident occur? [redacted]

Employment information

Did they return to work since Dec 12, 2012? [redacted]

Additional information

Please provide the member's preferred contact information and any other relevant details that would be helpful to know. [redacted]

Document upload

Document type: Employee statement [redacted]

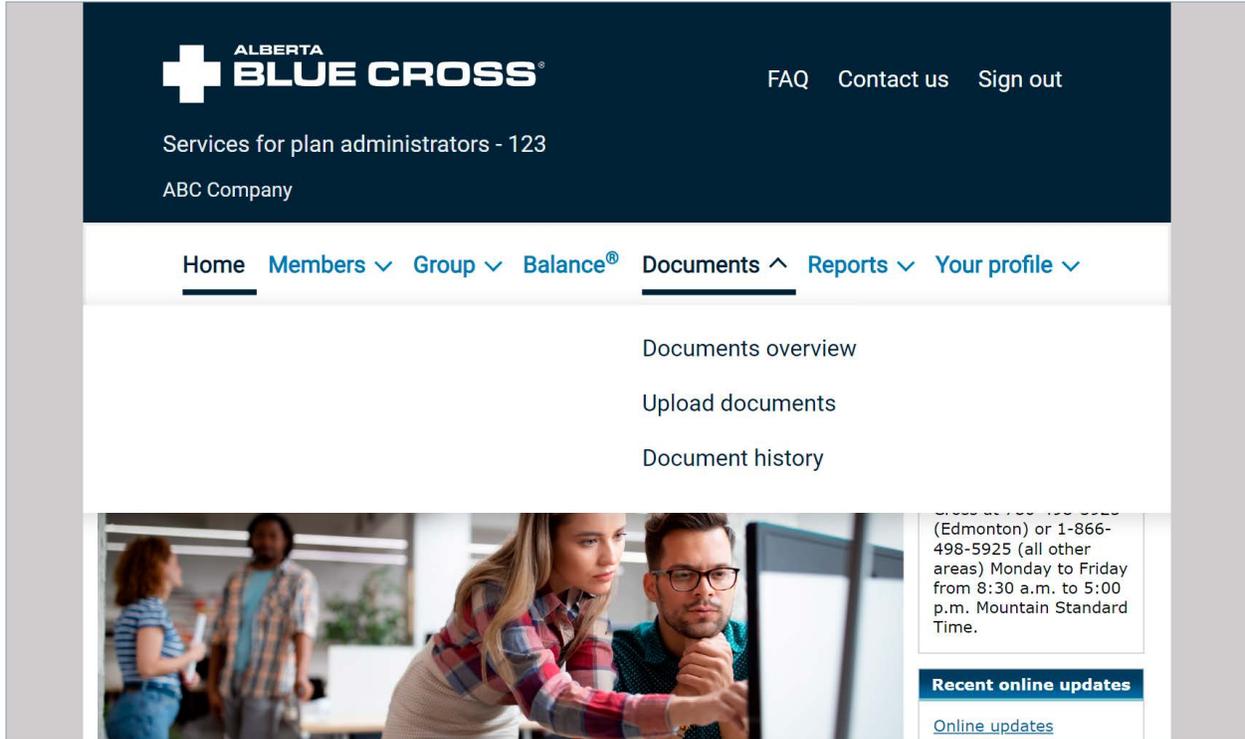
Acknowledgement and consent

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.

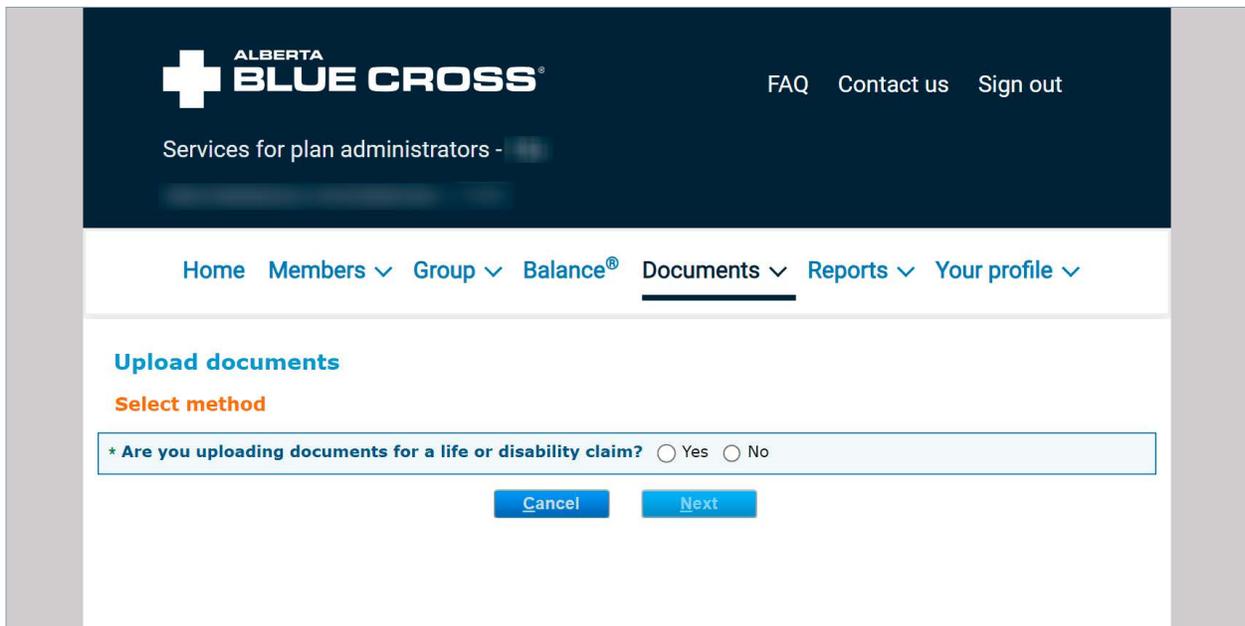
DOCUMENT UPLOAD

The document upload function is a secure means of sending confidential information to Alberta Blue Cross.

1. Go to **ab.bluecross.ca**. Click the **Sign in** button, then click **Group plan administrators** and log in with your credentials. Once you are logged in, click the **Documents** tab, then select **Upload documents**.



2. A question box will appear. For any documents related to a life or disability claim, including Salary Continuance, answer **Yes** and click **Next**.



3. Search for the member.

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Search criteria

Search criteria

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

ID number
Last name **First name**
Preferred name **Middle name**
Birth date **Tracking identifier**
(YYYY-MM-DD)
Group number **Participant type**
Personal health number **Social insurance number**
Registration number **Coverage number**
Unique identifier **Employee number**

4. Once you find the member, you will see an overview page with the member's info, including all life and disability documents that have been previously uploaded. Look at the document list to confirm the file has not been previously uploaded. If the file is not already listed, click **Upload Document** to continue.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

▼ **General information**

Member	Name	ID	Birth date
	[Redacted]	[Redacted]	[Redacted]

Group information	Name	Group number	Section	Class	Life group number
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Effective: [Redacted] Participant coverage: [Redacted]

Document history

View or upload documents on behalf of the plan member

Document name	Document type	Submitted by	Submitted on
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

- From the drop-down menus, select the appropriate claim type and document type. Click **Choose File** to select the file you want to upload.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective	Participant coverage				

Document upload

Upload any documents that are relevant to this claim.

Claim type:

Document type:

Upload a document: No file chosen

Once you have chosen a file, click **Add file** to include it in your submission.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date		
Group information	Name	Group number	Section	Class	Life group number
Effective	Participant coverage				

Document upload

Upload any documents that are relevant to this claim.

Claim type:

Document type:

Upload a document: No file chosen

Document type	File name	Claim type	
Employee statement		Salary Continuance	<input type="button" value="X Remove"/>

Once all files are added, click **Submit**.

Note: A maximum of 10 files can be uploaded in one submission with a total maximum size of 200 MB.

6. You will see a confirmation number with a PDF option to print.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information

Member	Name	ID	Birth date
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Group information	Name	Group number	Section	Class	Life group number
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Effective: [Redacted] Participant coverage: [Redacted]

Confirmation

The documents have been uploaded. If you have more documents to upload, click **Upload more**.
 A Life and Disability Services representative will contact the member to discuss what happens next.

Download claim summary

Confirmation number: [Redacted] (PDF)

Date submitted: [Redacted]

If you have any questions about the claim, email LifeandDisabilityClaimsInquiries@ab.bluecross.ca and provide the case number for reference.

Close **Upload more**

PDF copy example

ALBERTA BLUE CROSS

10009-108 Street NW, Edmonton, AB T5J 3C5
 Telephone: 587-756-8631 or 1-800-763-6206
 Fax: 780-441-2605 or 1-855-660-2605
 Email: LifeandDisabilityClaimsInquiries@ab.bluecross.ca
 www.ab.bluecross.ca

Document upload confirmation

Login Id: [Redacted]
 Confirmation number: [Redacted]
 Date: [Redacted]
 Time: [Redacted]

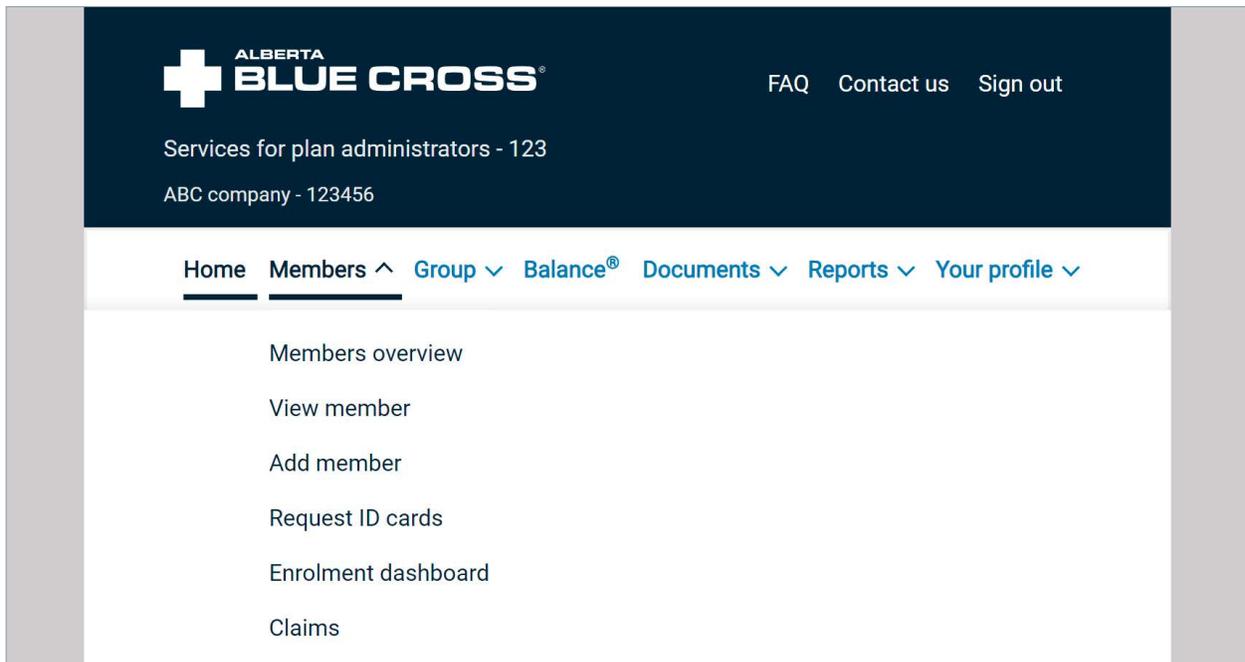
Document name	Document type	Claim number	Claim type
[Redacted]	Employee statement	[Redacted]	Salary Continuance

REPORTING

You can use two methods to obtain updates on member claims.

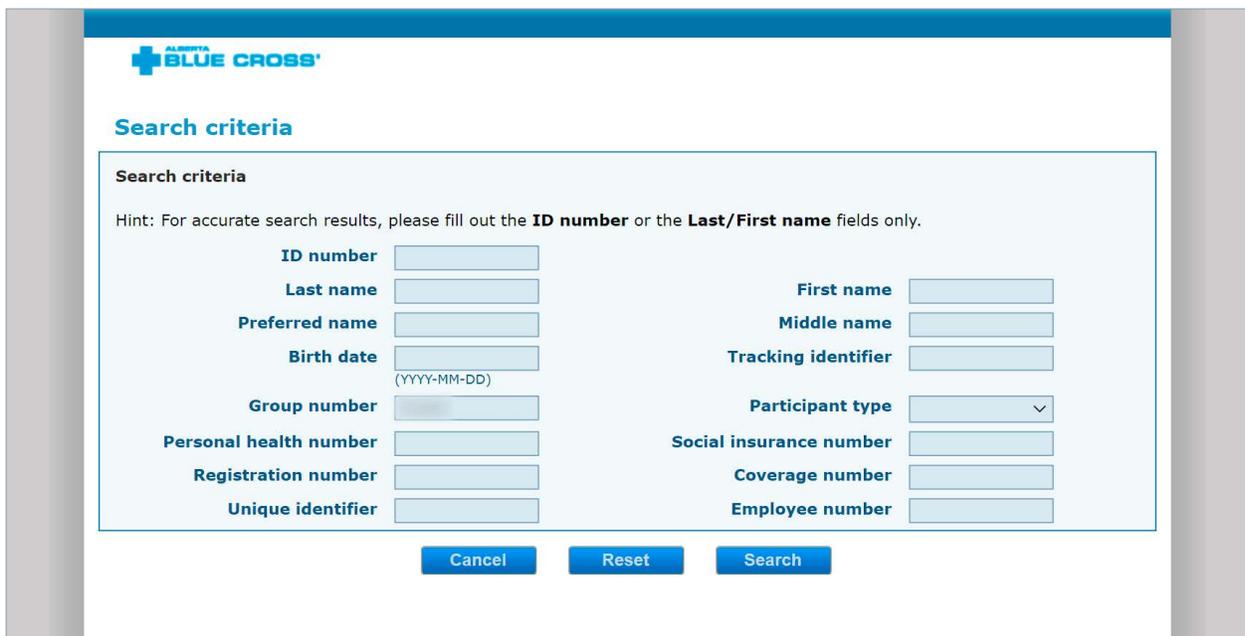
Member profile

1. Go to **ab.bluecross.ca**. Click the **Sign in** button, then click **Group plan administrators** and log in with your credentials. Once you are logged in, click the **Members** tab, then select **View member**.



The screenshot shows the top navigation bar of the Alberta Blue Cross website. The header includes the logo, the text "ALBERTA BLUE CROSS", and links for "FAQ", "Contact us", and "Sign out". Below the header, it displays "Services for plan administrators - 123" and "ABC company - 123456". A main navigation menu is visible with items: "Home", "Members" (which is expanded to show a dropdown menu), "Group", "Balance", "Documents", "Reports", and "Your profile". The expanded "Members" menu includes the following options: "Members overview", "View member", "Add member", "Request ID cards", "Enrolment dashboard", and "Claims".

2. Search for the member.



The screenshot shows the "Search criteria" form in the Alberta Blue Cross web application. The form is titled "Search criteria" and includes a hint: "Hint: For accurate search results, please fill out the **ID number** or the **Last/First name** fields only." The form contains the following fields and controls:

- ID number**: Text input field
- Last name**: Text input field
- Preferred name**: Text input field
- Birth date**: Text input field with a format hint "(YYYY-MM-DD)" below it
- Group number**: Text input field
- Personal health number**: Text input field
- Registration number**: Text input field
- Unique identifier**: Text input field
- First name**: Text input field
- Middle name**: Text input field
- Tracking identifier**: Text input field
- Participant type**: Dropdown menu
- Social insurance number**: Text input field
- Coverage number**: Text input field
- Employee number**: Text input field

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

3. Select the **Life/disability** tab, followed by the **Claims** tab. Find the appropriate claim and click the hyperlink under **Claim number**.

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View participant enrolment

▼ **General information**

Member	Name	ID	Birth date	Over-age class

Group information

Name	Group	Section	Class	Life group number

Effective **Participant coverage**

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

< Overview Member Dependent Health/dental Wellness **Life/disability** Spending account > ▼
 < Benefit Beneficiary Member salary and occupation Coverage **Claims** > ▼

Life and disability claims

Claim number	Claim type	Status	Status date	Benefit effective date

Cancel Close Terminate member Transfer member

4. The claim information will be displayed. Click **OK** to exit.

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View disability claim information

▼ **General information**

Member	Name	ID	Birth date	Over-age class

Group information

Name	Group	Section	Class	Life group number

Coverage effective **Participant coverage**

▼ **Claim summary**

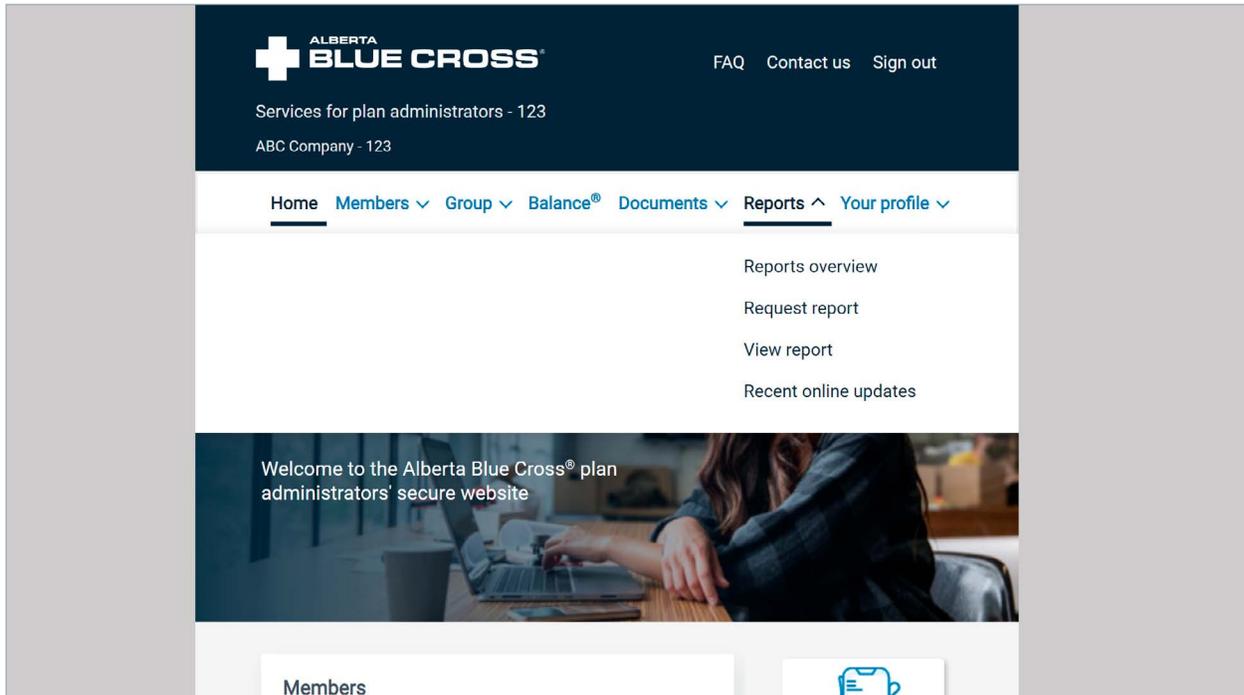
Claimant	Name	Birth date	Age	Occupation

Claim	Claim number	Claim type	Status	Status date

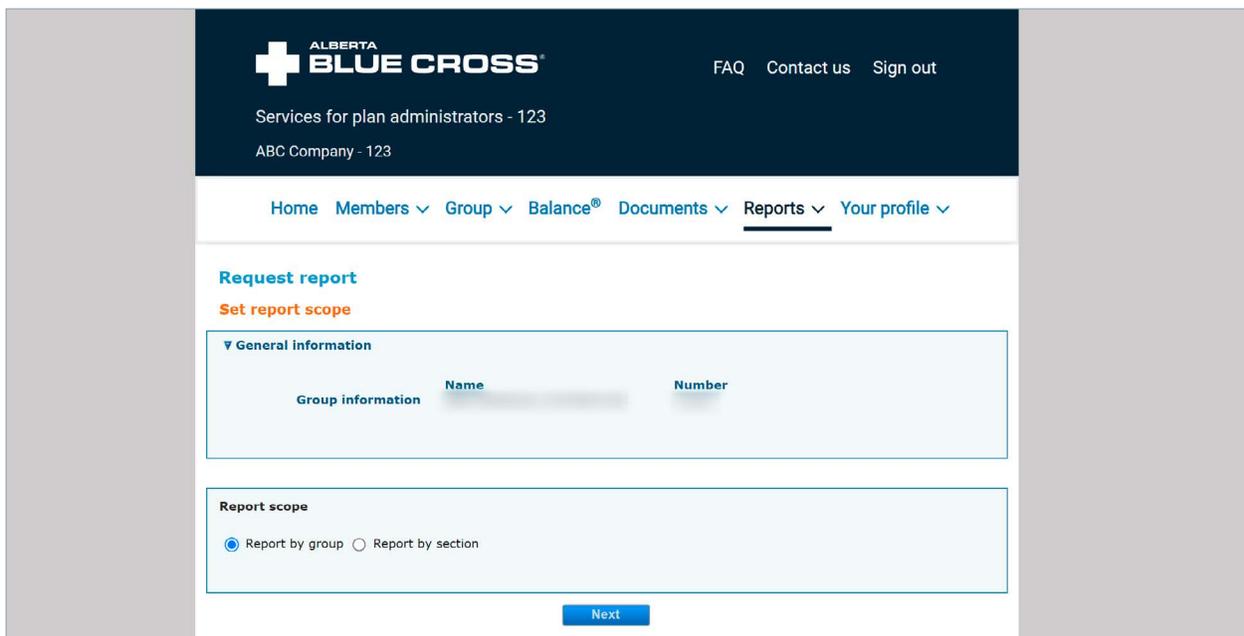
Disability Claim Status Report

1. Go to **ab.bluecross.ca**. Click the **Sign in** button, then click **Group plan administrators** and log in with your credentials. Once you are logged in, click the **Reports** tab, then select **Request report**.

Note: these reports will only provide information up to the end of the previous month.



2. Select whether you want to report by group or by section. Click **Next**.



3. Go to the **Life reports** section. Select **Disability Claim Status Report** in either .pdf or .csv format. Choose the date range you are looking for and click **Next**.



[FAQ](#) [Contact us](#) [Sign out](#)

Services for plan administrators - 123
ABC Company - 123

[Home](#) [Members](#) [Group](#) [Balance®](#) [Documents](#) [Reports](#) [Your profile](#)

Request report

Select report

General information

Group information	Name	Number

Report and date Description of all available reports

Health and Dental reports

Report	From	To
<input type="checkbox"/> Health Claims and Premium by Month	2022 Apr	2024 Aug
<input type="checkbox"/> Health Benefit Summary	2022 Apr	2024 Aug
<input type="checkbox"/> Health and Dental Claims Summary	2022 Apr	2024 Aug
<input type="checkbox"/> Drug Profile by Pharmacologic-Therapeutic Classification PTC	2022 Apr	2024 Aug
<input type="checkbox"/> Drug Claims by Category	2022 Apr	2024 Aug
<input type="checkbox"/> Distribution of Drug Claims by Dollar Range	2022 Apr	2024 Aug
<input type="checkbox"/> Dental Claims and Premium by Month	2022 Apr	2024 Aug
<input type="checkbox"/> Top 75 Dental Procedures	2022 Apr	2024 Aug
<input type="checkbox"/> Dental Claims by Category	2022 Apr	2024 Aug
<input type="checkbox"/> Distribution of Dental Claims by Dollar Range	2022 Apr	2024 Aug
<input type="checkbox"/> Drug and EHB Claims by Participant in excess of \$10,000	2022 Apr	2024 Aug
<input type="checkbox"/> Drug Listing (Brand Name vs. Generic) Report - PDF	2022 Apr	2024 Aug
<input type="checkbox"/> Employee vs. Dependent Report - PDF	2022 Apr	2024 Aug
<input type="checkbox"/> Distribution of Claims By Age - PDF	2022 Apr	2024 Aug
<input type="checkbox"/> Spending Account Credit Utilization By Benefit - PDF	2022 Apr	2024 Aug
<input type="checkbox"/> Top 150 Drug Profile	2022 Apr	2024 Aug
<input type="checkbox"/> Detailed Standard Credit Report		As of Jul 2024

Life reports

Report	From	To
<input type="checkbox"/> Life and Disability Volume Summary by Age Band and Gender		As of Jul 2024
<input type="checkbox"/> Disability Claim Status Report - PDF	2022 Apr	2024 Jul
<input type="checkbox"/> Disability Claim Status Report - CSV	2022 Apr	2024 Jul
<input type="checkbox"/> Short Term Disability Claims Report	2022 Apr	2024 Jul
<input type="checkbox"/> Long Term Disability Claims Report	2022 Apr	2024 Jul
<input type="checkbox"/> Life and Disability Claims Report	2022 Apr	2024 Jul
<input type="checkbox"/> Life and Disability Active Member Summary Report		As of Jul 2024
<input type="checkbox"/> Life and Disability Premiums Report	2022 Apr	2024 Jul

Back
Next

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4. You will be taken to the review page, which shows all the reports being requested. Click **Submit** to proceed.

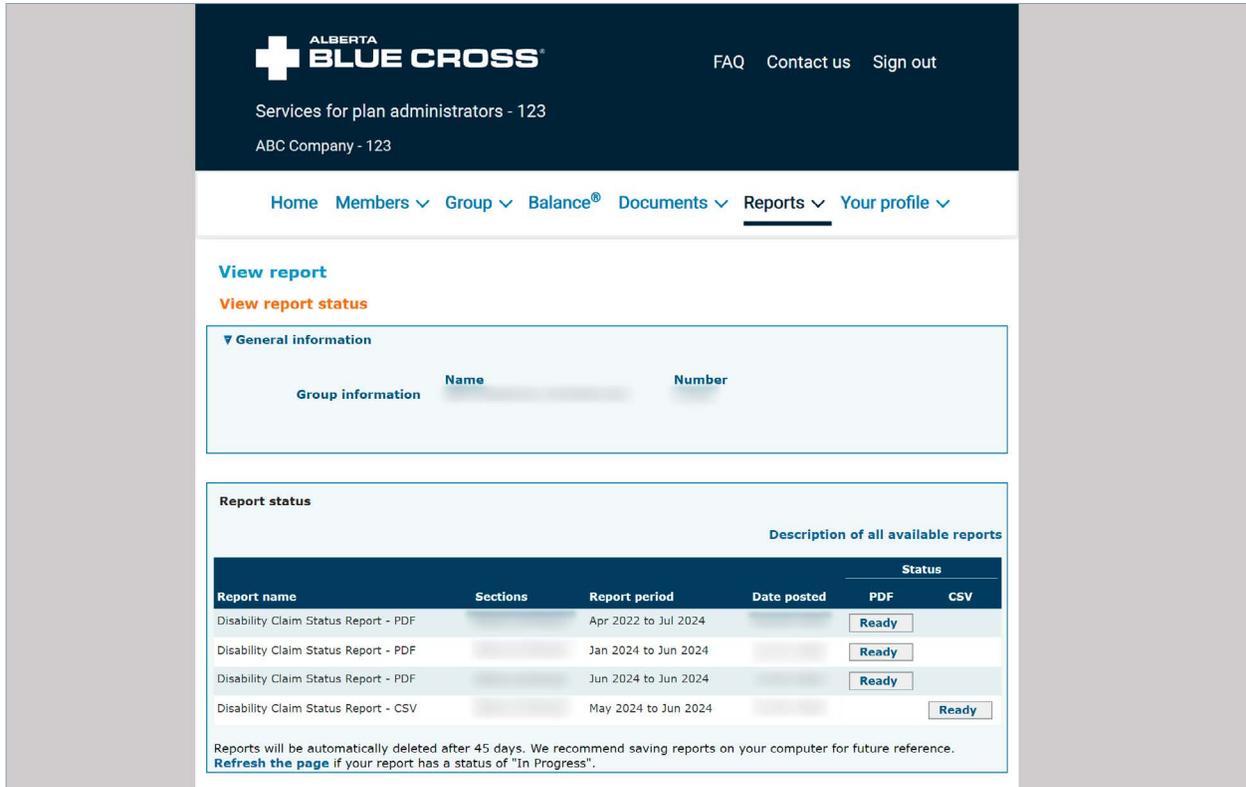
The screenshot shows the 'Request report' review page. At the top, the Alberta Blue Cross logo is on the left, and 'FAQ Contact us Sign out' is on the right. Below the logo, it says 'Services for plan administrators - 123' and 'ABC Company - 123'. A navigation bar includes 'Home Members Group Balance Documents Reports Your profile', with 'Reports' underlined. The main heading is 'Request report' with a sub-heading 'Review'. There are three sections: 'General information' with fields for 'Group information', 'Name', and 'Number'; 'Report and date' with a link to 'Description of all available reports'; and 'Life reports' which is a table with columns 'Report' and 'Dates'. The table contains one row: 'Disability Claim Status Report - PDF' and 'Apr 2022 to Jul 2024'. At the bottom are 'Back' and 'Submit' buttons.

5. The confirmation page will appear to confirm that the report has been requested. Click **View report** to proceed.

The screenshot shows the 'Request report' confirmation page. The header and navigation bar are identical to the previous page. The main heading is 'Request report' with a sub-heading 'Confirmation'. There are two sections: 'General information' with fields for 'Group information', 'Name', and 'Number'; and 'Confirmation information' which contains the text: 'Thank you. Your request for reports has been successfully submitted. Processing time will vary depending upon the type of report and the amount of information you requested.' Below this text is a 'View report' button.

6. The available reports will be displayed. Click **Ready** by each report to view.

Note: If your report is not ready, click the **Refresh the page** hyperlink.



ALBERTA BLUE CROSS FAQ Contact us Sign out

Services for plan administrators - 123
ABC Company - 123

Home Members ▾ Group ▾ Balance® Documents ▾ **Reports ▾** Your profile ▾

View report
View report status

▼ **General information**

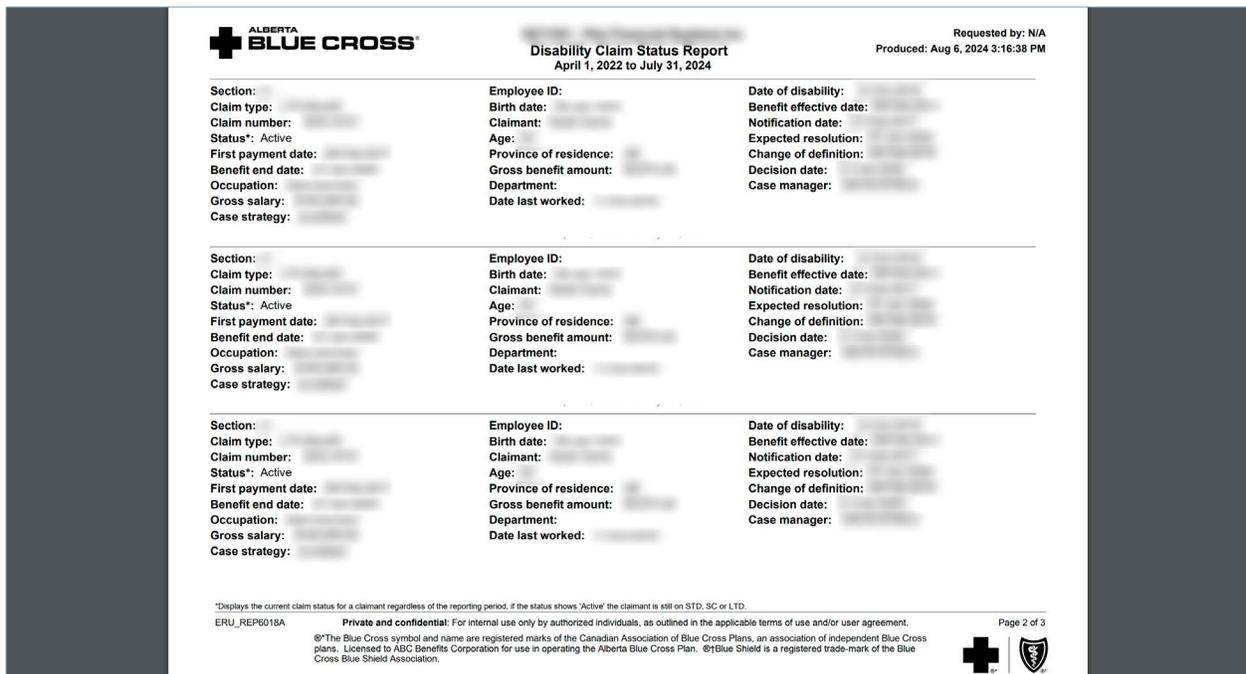
Group information Name Number

Report status Description of all available reports

Report name	Sections	Report period	Date posted	Status	
				PDF	CSV
Disability Claim Status Report - PDF		Apr 2022 to Jul 2024		Ready	
Disability Claim Status Report - PDF		Jan 2024 to Jun 2024		Ready	
Disability Claim Status Report - PDF		Jun 2024 to Jun 2024		Ready	
Disability Claim Status Report - CSV		May 2024 to Jun 2024			Ready

Reports will be automatically deleted after 45 days. We recommend saving reports on your computer for future reference.
[Refresh the page](#) if your report has a status of "In Progress".

7. Once opened, the Disability Claim Status Report will show all claims within the selected date range.



ALBERTA BLUE CROSS Requested by: N/A
Produced: Aug 6, 2024 3:16:38 PM

Disability Claim Status Report
April 1, 2022 to July 31, 2024

Section:	Employee ID:	Date of disability:
Claim type:	Birth date:	Benefit effective date:
Claim number:	Claimant:	Notification date:
Status*: Active	Age:	Expected resolution:
First payment date:	Province of residence:	Change of definition:
Benefit end date:	Gross benefit amount:	Decision date:
Occupation:	Department:	Case manager:
Gross salary:	Date last worked:	
Case strategy:		

Section:	Employee ID:	Date of disability:
Claim type:	Birth date:	Benefit effective date:
Claim number:	Claimant:	Notification date:
Status*: Active	Age:	Expected resolution:
First payment date:	Province of residence:	Change of definition:
Benefit end date:	Gross benefit amount:	Decision date:
Occupation:	Department:	Case manager:
Gross salary:	Date last worked:	
Case strategy:		

Section:	Employee ID:	Date of disability:
Claim type:	Birth date:	Benefit effective date:
Claim number:	Claimant:	Notification date:
Status*: Active	Age:	Expected resolution:
First payment date:	Province of residence:	Change of definition:
Benefit end date:	Gross benefit amount:	Decision date:
Occupation:	Department:	Case manager:
Gross salary:	Date last worked:	
Case strategy:		

*Displays the current claim status for a claimant regardless of the reporting period, if the status shows "Active" the claimant is still on STD, SC or LTD.

ERU_REP0018A **Private and confidential:** For internal use only by authorized individuals, as outlined in the applicable terms of use and/or user agreement. Page 2 of 3

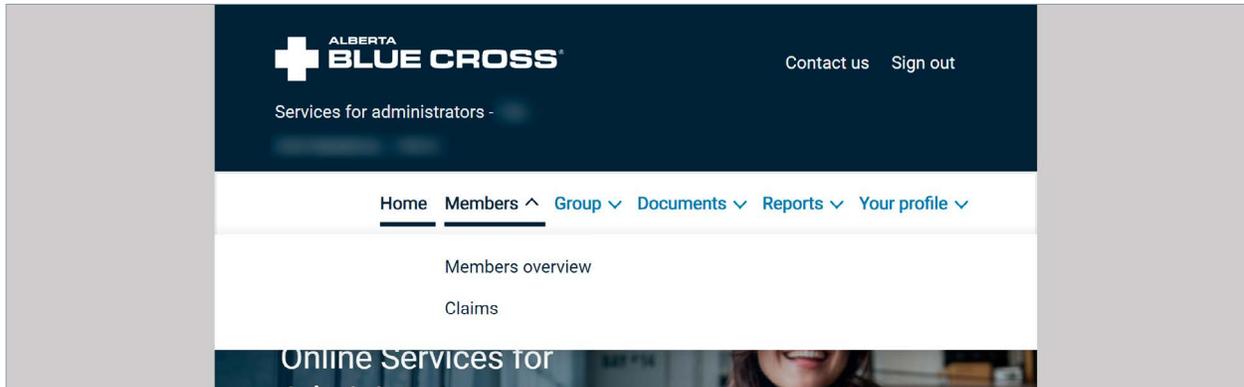
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Restricted users

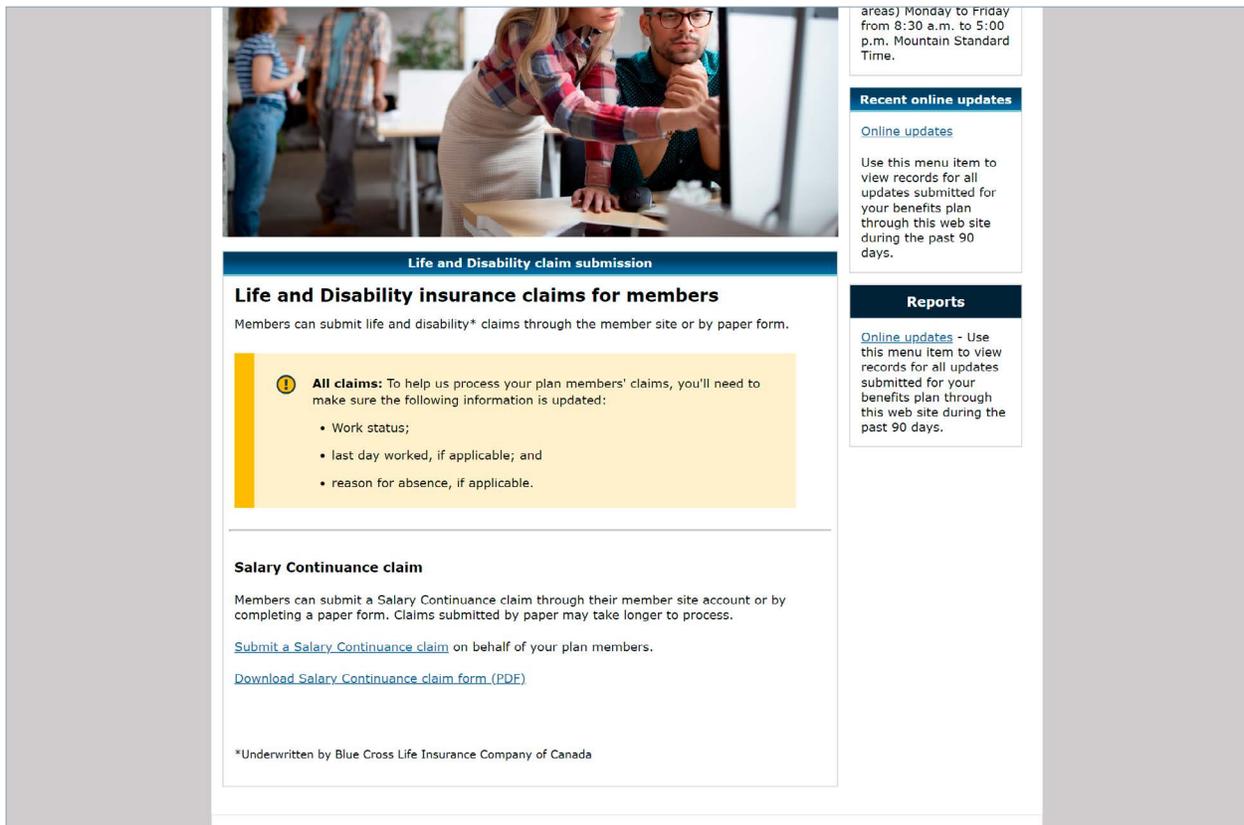
HOW TO SUBMIT A SALARY CONTINUANCE CLAIM ONLINE

1. Go to ab.bluecross.ca. Click the **Sign in** button, then click **Group plan administrators** and log in with your credentials. Once you are logged in, click the **Members** tab, then select **Claims**.

Note: A restricted user only has access to either submit a Salary Continuance claim through a guided wizard, or through a secure document upload. They do not have access to view member data or view claim updates.



Select **Submit a Salary Continuance claim**.



2. Check the acknowledgement and consent and select **Submit an online claim**.

The screenshot shows the 'Submit a Salary Continuance claim' page. At the top, there is the Alberta Blue Cross logo and the title 'Submit a Salary Continuance claim'. Below this, there are two main sections: 'Starting a claim' and 'Acknowledgement and consent'. The 'Starting a claim' section includes instructions on what to have ready (scanner, printer, member's employment info, etc.) and a 'Save' button. The 'Acknowledgement and consent' section contains a checkbox for the user to confirm they have reviewed the terms and conditions. At the bottom of the page, there are three buttons: 'Close', 'Submit a paper claim', and 'Submit an online claim'.

3. Enter the member data and click **Next**.

The screenshot shows the 'Submit a Salary Continuance claim' page. The 'Enter member information' section is active, with instructions to fill out the 'External ID number', 'First name', and 'Last name' fields. Below the instructions are four input fields: 'External ID number', 'First name', 'Last name', and 'Birth date (optional)'. The 'Birth date' field has a placeholder '(YYYY-MM-DD)'. At the bottom of the page, there are three buttons: 'Back', 'Close', and 'Next'.

4. Follow steps 1 to 3 and answer all questions, clicking **Save and continue** each time.

Submission wizard step 1

The screenshot shows the 'Submit a Salary Continuance claim' page. The 'General information' section is expanded, showing a table with columns for 'Member ID', 'First name', 'Last name', and 'Birth date'. Below this, there is a 'Group information' section with columns for 'Name' and 'Group number'. The 'Step 1 of 5: Disability information' section is active, with instructions to provide disability details. It includes three questions: 'What was the last day they worked?', 'What was the first day they were unable to work due to disability?', and 'What was the cause of the disability?'. The first two questions have date input fields with placeholders '(YYYY-MM-DD)'. The third question has three radio button options: 'Accident', 'Illness', and 'Unknown'. At the bottom of the page, there are three buttons: 'Back', 'Cancel', and 'Next'.

Submission wizard step 2

The screenshot shows the 'Submit a Salary Continuance claim' wizard. At the top is the Alberta Blue Cross logo. Below it is the title 'Submit a Salary Continuance claim'. A section titled 'General information' contains a table with columns for Member ID, First name, Last name, Birth date, and an Edit icon. Below this table is a 'Group information' section with columns for Name and Group number. The main content area is titled 'Step 2 of 5: Employment information' and includes the instruction 'Provide details about your member's work status.' followed by the question 'Did they return to work after Dec 12, 2012?*' with radio button options for 'Yes' and 'No'. At the bottom are three buttons: 'Back', 'Cancel', and 'Next'.

Submission wizard step 3

The screenshot shows the 'Submit a Salary Continuance claim' wizard. It features the same header and 'General information' table as the previous step. The main content area is titled 'Step 3 of 5: Additional information' and includes the instruction 'Please provide the member's preferred contact information and any other relevant details that would be helpful to know.' Below this is a large text input field. At the bottom right of the input field is a character count '0/2000'. At the bottom are three buttons: 'Back', 'Cancel', and 'Next'.

5. Attach relevant documents by selecting a document type from the drop-down menu and choosing the file you want to upload from your computer.

The screenshot shows the 'Submit a Salary Continuance claim' form. At the top is the 'ALBERTA BLUE CROSS' logo. Below it is the title 'Submit a Salary Continuance claim'. The form is divided into two main sections. The first section is 'General information', which contains a table with columns for 'Member ID', 'First name', 'Last name', and 'Birth date', and a row for 'Group information' with columns for 'Name' and 'Group number'. There is an 'Edit' link in the top right of this section. The second section is 'Step 4 of 5: Document upload'. It contains the instruction 'Upload any documents that are relevant to this claim.' Below this is a 'Document type' dropdown menu with 'Select' as the current selection. Underneath is a 'Choose File' button next to the text 'No file chosen'. At the bottom of this section is an 'Add file' button. At the very bottom of the form are three navigation buttons: 'Back', 'Cancel', and 'Next'.

Once you have chosen a file, click **Add file** to include it in your submission.

This screenshot shows the same 'Submit a Salary Continuance claim' form, but now a file has been uploaded. The 'Document type' dropdown is still set to 'Select'. The 'Choose File' button is now disabled. Below the 'Add file' button, a table has appeared with the following structure:

Document type	File name	
Correspondence		X Remove

At the bottom of the form are the 'Back', 'Cancel', and 'Next' navigation buttons.

Once all files are added, click **Next**.

Note: A maximum of 10 files can be uploaded in one submission with a total maximum size of 200 MB.

- Ensure all the information entered is correct. If any changes are required, click the **Edit** button on the applicable section. When ready, click **Submit** to finish the submission.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information Edit

Member ID	First name	Last name	Birth date
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Group information

Name	Group number
[Redacted]	[Redacted]

Step 5 of 5: Review

You're almost done-let's review the information before you submit. If you need to make changes, click **Edit**.

Disability information Edit

What was the last day they worked?

What was the first day they were unable to work due to disability?

What was the cause of the disability?

When did this illness occur?

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

Employment information Edit

Did they return to work after Dec 12, 2012?

Additional information Edit

Please provide the member's preferred contact information and any other relevant details that would be helpful to know.

Document upload Edit

Document type: Correspondence

Back **Cancel** **Submit**

- You will see a confirmation number with a PDF option to print, as well as a submission date.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information

Member ID	First name	Last name	Birth date
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Group information

Name	Group number
[Redacted]	[Redacted]

Confirmation

Your member's claim has been submitted. If you have more documents to upload, return to the home page and go to **Documents**.

A Life and Disability Services representative will contact the member to discuss what happens next. The member will also receive an email about their claim. To make sure their preferred email address is up to date, go **Member** and choose **View member**.

Download claim summary

Confirmation number: [Redacted] [\(PDF\)](#)

Date submitted: [Redacted]

If you have any questions about the claim, email LifeandDisabilityClaimsInquiries@ab.bluecross.ca and provide the case number for reference.

Close



10009-108 Street NW, Edmonton, AB T5J 3C5
Telephone: 587-756-8631 or 1-800-763-6206
Fax: 780-441-2605 or 1-855-660-2605
Email: LifeandDisabilityClaimsInquiries@ab.bluecross.ca
www.ab.bluecross.ca

Salary Continuance claim submission

Login Id: [REDACTED]
Confirmation number: [REDACTED]

Date: Aug 1, 2012 Time: 10:47 AM

General information					
Member	Name	ID	Birth date	Over-age class	
Group information	Name	Group	Section	Class	Life group number
	Effective	Participant coverage			

Disability information

What was the last day they worked? [REDACTED]

What was the first day they were unable to work due to disability? [REDACTED]

What was the cause of the disability? [REDACTED]

Is this condition due, or related to, an occupational illness or accident (past or present)? [REDACTED]

How did this accident occur? [REDACTED]

Employment Information

Did they return to work since Dec 12, 2012? [REDACTED]

Additional information

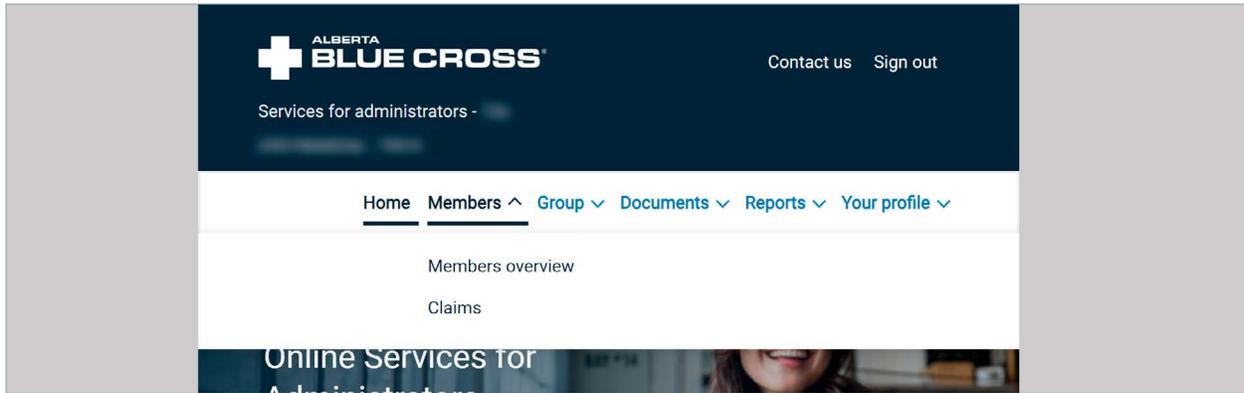
Please provide the member's preferred contact information and any other relevant details that would be helpful to know. [REDACTED]

Document upload

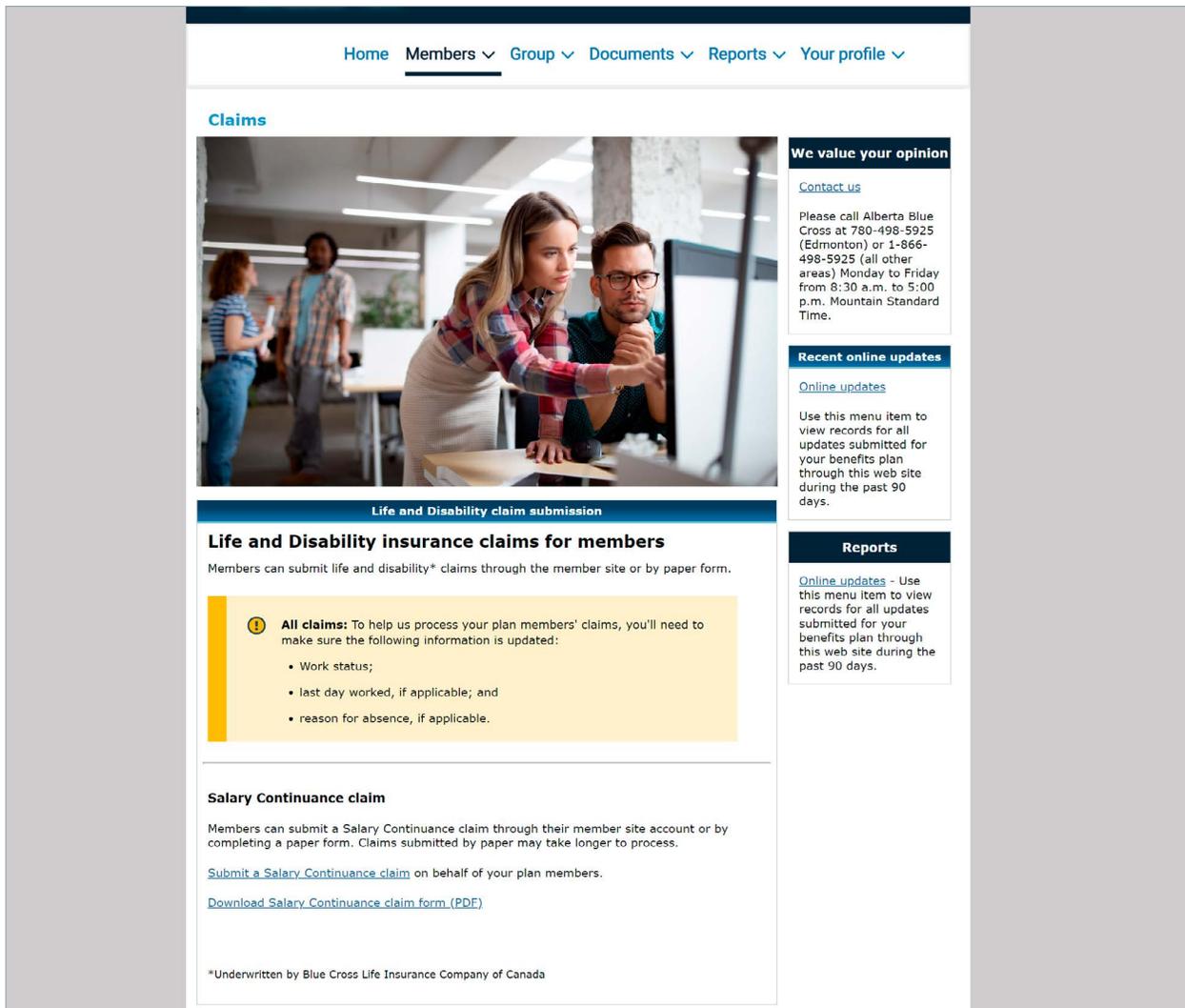
Document type: Employee statement [REDACTED]

HOW TO SUBMIT A SALARY CONTINUANCE PAPER CLAIM

1. Go to ab.bluecross.ca. Click the **Sign in** button, then click **Group plan administrators** and log in with your credentials. Once you are logged in, click the **Members** tab, then select **Claims**.



2. Select Submit a **Salary Continuance claim**.



3. Check the acknowledgement and consent and select **Submit a paper claim**.

The screenshot shows the 'Submit a Salary Continuance claim' page. At the top is the Alberta Blue Cross logo. Below it is the title 'Submit a Salary Continuance claim'. There are two main sections: 'Starting a claim' and 'Acknowledgement and consent'. The 'Starting a claim' section lists requirements: a scanner and printer or digital device with a camera, the member's current employment information, and any other documents. It also says to click 'Save' at any time. The 'Acknowledgement and consent' section contains a checkbox and a paragraph of terms and conditions. At the bottom are three buttons: 'Close', 'Submit a paper claim', and 'Submit an online claim'.

4. A warning message will appear advising that paper claims will take longer to process. Click **OK** to continue.

The screenshot shows the 'Submit a Salary Continuance claim' page with a warning message. The warning message is titled 'Warning message' and contains a yellow warning icon and text stating that paper claims will take longer to process. Below the message are 'Cancel' and 'OK' buttons. Below the buttons, there is text explaining that clicking 'Cancel' goes back to the Edit page, while clicking 'OK' accepts changes and continues.

5. Enter the member data and click **Next**.

The screenshot shows the 'Submit a Salary Continuance claim' page with the 'Enter member information' section. It includes a heading and a paragraph of instructions. Below are four input fields: 'External ID number', 'First name', 'Last name', and 'Birth date (optional)'. The 'Birth date' field has a format hint '(YYYY-MM-DD)'. At the bottom are three buttons: 'Back', 'Close', and 'Next'.

6. Answer all questions on step 1 and click **Next**.

The screenshot shows the 'Submit a Salary Continuance claim' form for Alberta Blue Cross. The form is titled 'Submit a Salary Continuance claim' and has a blue header with the Alberta Blue Cross logo. Below the header is a section for 'General information' with an 'Edit' link. This section contains fields for Member ID, First name, Last name, Birth date, Name, and Group number. Below this is 'Step 1 of 3: Disability information'. It asks for the last day worked and the first day unable to work, both with date pickers (YYYY-MM-DD). It also asks for the cause of disability with radio buttons for Accident, Illness, and Unknown. At the bottom are 'Back', 'Cancel', and 'Next' buttons.

7. Attach relevant documents by selecting a document type from the drop-down menu and choosing the file from your computer.

The screenshot shows the 'Submit a Salary Continuance claim' form for Alberta Blue Cross, now at 'Step 2 of 3: Document upload'. The 'General information' section is visible at the top. The main section contains instructions: 'You will need to print, sign and scan the Employer Statement form. Then, upload the form along with any other documents relevant to this claim.' Below this is a link to 'Print the Employer Statement form'. There is a 'Document type' dropdown menu currently set to 'Select'. Below that is an 'Upload a document' section with a 'Choose File' button, the text 'No file chosen', and an 'Add file' button. At the bottom are 'Back', 'Cancel', and 'Next' buttons.

Once you have chosen a file, click **Add file** to include it in your submission.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information Edit

Member	ID	First name	Last name	Birth date

Group information

Name	Group number

Step 2 of 3: Document upload

You will need to print, sign and scan the Employer Statement form. Then, upload the form along with any other documents relevant to this claim.

Print the Employer Statement form

Document type:

Upload a document: No file chosen

Document type	File name
Employer statement	

Once all files are added, click **Save and continue**.

Note: You must upload the Employer Statement.

Note: A maximum of 10 files can be uploaded in one submission with a total maximum size of 200 MB.

- Ensure all the information entered is correct. If any changes are required, click the **Edit** button on the applicable section. When ready, click **Submit** to finish the submission.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information Edit

Member	ID	First name	Last name	Birth date

Group information

Name	Group number

Step 3 of 3: Review

You're almost done-let's review the information before you submit. If you need to make changes, click **Edit**.

Disability information Edit

What was the last day they worked?

What was the first day they were unable to work due to disability?

What was the cause of the disability?

When did this illness occur?

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

Document upload Edit

Document type: Employer statement

9. You will see a confirmation number with a PDF option to print, as well as a submission date.

ALBERTA BLUE CROSS

Submit a Salary Continuance claim

General information

Member ID	First name	Last name	Birth date
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Group information

Name	Group number
[Redacted]	[Redacted]

Confirmation

Your member's claim has been submitted. If you have more documents to upload, return to the home page and go to **Documents**.

A Life and Disability Services representative will contact the member to discuss what happens next. The member will also receive an email about their claim. To make sure their preferred email address is up to date, go **Member** and choose **View member**.

Download claim summary

Confirmation number: [Redacted] (PDF)

Date submitted: [Redacted]

If you have any questions about the claim, email LifeandDisabilityClaimsInquiries@ab.bluecross.ca and provide the case number for reference.

Close

PDF copy example

ALBERTA BLUE CROSS

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 Telephone: 587-756-8631 or 1-800-763-6206
 Fax: 780-441-2605 or 1-855-660-2605
 Email: LifeandDisabilityClaimsInquiries@ab.bluecross.ca
 www.ab.bluecross.ca

Salary Continuance claim submission

Login Id: [Redacted]
 Confirmation number: [Redacted]

Date: [Redacted] Time: [Redacted]

General information

Member	Name	ID	Birth date	Over-age class
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Group information

Name	Group	Section	Class	Life group number
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Effective [Redacted] **Participant coverage** [Redacted]

Disability information

What was the last day they worked? [Redacted]

What was the first day they were unable to work due to disability? [Redacted]

What was the cause of the disability? [Redacted]

Is this condition due, or related to, an occupational illness or accident (past or present)? [Redacted]

How did this accident occur? [Redacted]

Employment information

Did they return to work since Dec 12, 2012? [Redacted]

Additional information

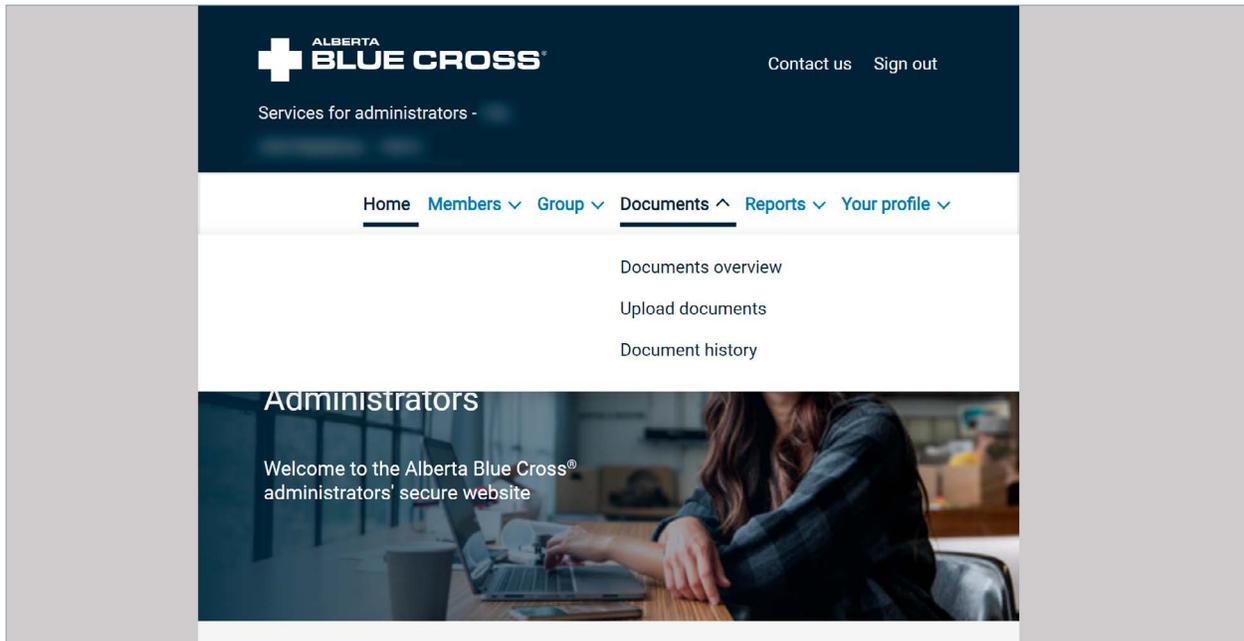
Please provide the member's preferred contact information and any other relevant details that would be helpful to know. [Redacted]

Document upload

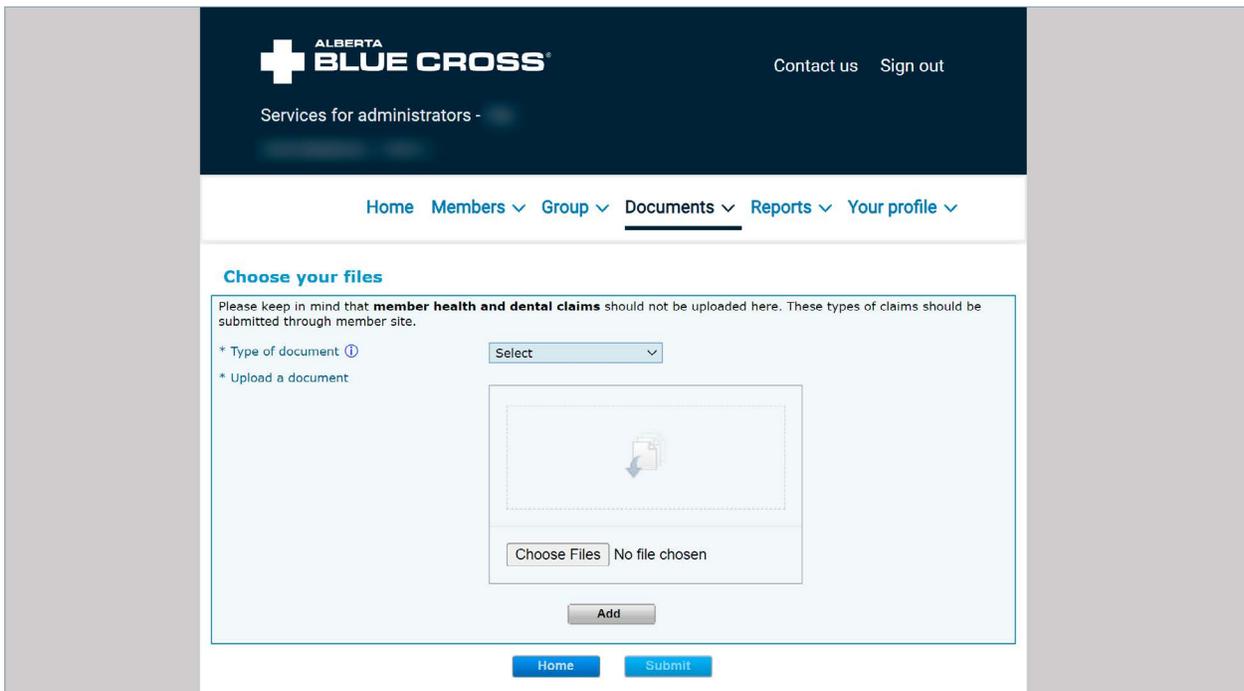
Document type: Employee statement [Redacted]

DOCUMENT UPLOAD

1. Go to **ab.bluecross.ca**. Click the **Sign in** button, then click **Group plan administrators** and log in with your credentials. Once you are logged in, click the **Documents** tab, then select **Upload documents**.



2. Attach relevant documents by selecting a document type from the drop-down menu and choosing the file from your computer.



Once you have chosen a file, click **Add file** to include it in your submission.

Once all files are added, click **Submit**.

Note: A maximum of 10 files can be uploaded in one submission with a total maximum size of 200 MB.

The screenshot shows the 'Choose your files' section of the Alberta Blue Cross administrator portal. At the top, there is a dark blue header with the logo and navigation links. Below the header is a white navigation bar with 'Home', 'Members', 'Group', 'Documents', 'Reports', and 'Your profile'. The main content area is titled 'Choose your files' and includes a warning about member health and dental claims. It features a dropdown menu for 'Type of document', an upload area with a 'Choose Files' button and 'No file chosen' text, and an 'Add' button. At the bottom, there is a table with columns for 'Document type' and 'File name', containing one entry: 'Life and Disability document'. A 'Remove' link is visible next to the entry. 'Home' and 'Submit' buttons are at the bottom of the form.

3. You will see a confirmation number with a PDF option to print.

The screenshot shows the 'Upload documents' confirmation page. It features the same header and navigation as the previous screenshot. The main content area is titled 'Upload documents' and has a sub-heading 'Confirmation'. A message box states: 'Thank you for uploading your document(s). They have now been successfully received. Your confirmation number is [redacted]'. Below the message are 'Home' and 'Document history' buttons.



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Fax: 780-441-2605 or 1-855-660-2605
Email: LifeandDisabilityClaimsInquiries@ab.bluecross.ca
www.ab.bluecross.ca

Document upload confirmation
Login Id: [REDACTED]
Confirmation number: [REDACTED]
Date: [REDACTED]
Time: [REDACTED]

Document name	Document type	Claim number	Claim type
[REDACTED]	Employee statement		Salary Continuance

REPORTING

There is no available reporting for restricted users as this access is intended for submission purposes only.

CONTACT US WITH QUESTIONS OR CONCERNS

If you have difficulties accessing or using the administrator site, please contact the Group Plan Administrator Support department at 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).**

If you have questions regarding your claims, please contact the Life & Disability Services department at LDCS@ab.bluecross.ca or call **587-756-8631** (Edmonton and area), or toll-free at **1-800-763-6206** (Canada and the U.S.).

Office hours: **Monday–Friday, 8:30 a.m. to 4:30 p.m.(MT).**



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