



10009-108 Street NW, Edmonton, Alberta T5J 3C5

SHADED AREA FOR BLUE CROSS USE ONLY

BENEFICIARY

Appointment Change

Telephone: 780-498-8100 or 1-800-232-1914
Fax: 780-498-3540 www.ab.bluecross.ca

Group Name / Individual Plan		Group Number and Section		Member's ID Number	
Member's Last Name		Member's First Name and Middle Initials		Member's Date of Birth	
				YYYY	MM DD

In accordance with the terms and conditions of the Life Insurance Contract with Blue Cross Life Insurance Company of Canada, I revoke all previous appointments of beneficiary and hereby appoint the following as beneficiary entitled to receive the proceeds arising by reason of my death.

Beneficiaries:

LAST NAME	FIRST NAME	MIDDLE INITIALS	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total percentage must equal 100%.

For designated beneficiaries who are minors I wish to appoint: _____ as Trustee to receive any amount due for any beneficiary considered a minor under the Provincial jurisdiction of residence.

Contingent Beneficiaries:

In the event **ALL** above named Beneficiaries are deceased I wish to appoint:

LAST NAME	FIRST NAME	MIDDLE INITIALS	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total percentage must equal 100%.

I certify that all the above information is true and complete and agree to the Acknowledgement and Consent on the reverse side of this form.

Member's Signature	Date
--------------------	------

FOR GROUP PLANS ONLY

Employer's Signature	Date
----------------------	------

DISTRIBUTION: Please mail or fax a completed, signed copy to Alberta Blue Cross. Retain a copy for your records.

ACKNOWLEDGEMENT AND CONSENT

I understand that the personal information provided herein about me and my designated beneficiary/beneficiaries may be used or disclosed to pay eligible claims for life benefits underwritten by Blue Cross Life Insurance Company of Canada*. I certify that I am authorized by the designated beneficiary/beneficiaries to disclose the information about them that is used only for this purpose.

I understand that my and my designated beneficiary's/beneficiaries' personal information will be kept confidential and secure. I understand that I may revoke this consent at any time and acknowledge that should I do so, the coverage may be denied or rescinded. I understand why my/ my designated beneficiary's/beneficiaries' personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its use as described above.

I have read and understood this acknowledgement and consent. I authorize Alberta Blue Cross to collect, use and disclose my/ my designated beneficiary's/beneficiaries' personal information as described above.

This consent shall remain effective from the date of signature of this form and shall remain in effect as long as the coverage is in force.

For additional information regarding Blue Cross privacy policies and the collection, use or disclosure of your/your dependent's personal information, visit www.ab.bluecross.ca or contact Alberta Blue Cross at 780-498-8100 ext. 8108.

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