

*To be completed by the plan member. Submit directly to Alberta Blue Cross, Life & Disability Services. See contact information above.*

Name of your employer	Your position/job title
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Employee (plan member) information				
Last name	First name		Middle initial	
Group/policy number	Section	ID number	Birth date (YYYY-MM-DD)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing address		City/town	Province	Postal code
Home phone number	Work phone number	Cell phone number	Email address	

- On what date were you injured? (YYYY-MM-DD) Exact time?  a.m.  p.m.
- Where did the accident happen?
- Were you driving when the accident occurred?  Yes  No
- Where had you been and where were you going at the time of the accident?
- Were you at work when injured?  Yes  No
- Was the accident reported to the police?  Yes  No If yes, date reported and address of police department (YYYY-MM-DD)  
Please attach copy of the police report
- Had you been drinking prior to the accident  Yes  No If yes, to what extent and where?
- Were there any charges laid by the police?  Yes  No If yes, what and against whom?
- If the answer to the above question is yes, has the case been heard?  Yes  No  
If yes, what was the outcome?  
If no, when will the case go to court? (YYYY-MM-DD)
- Was the accident reported to any other person, agency or auto insurer?  Yes  No  
If yes, date reported, name and address of person, agency or auto insurer (YYYY-MM-DD)
- To what extent were you injured (give full details)?
- Name and address of witness
- Please give a complete description of the events surrounding the accident (use back of sheet if your require more space)
- Are you pursuing legal action?  Yes  No If yes, date reported, name and address of lawyer  
Date (YYYY-MM-DD) Name Address
- Have you returned to work?  Yes  No If yes when? (YYYY-MM-DD) If no, when do you expect to do so? (YYYY-MM-DD)

**I hereby declare that the answers to the above questions are accurate and complete**

Signature of plan member	Date (YYYY-MM-DD)
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