

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)	
Mailing address		City/town	Province	Postal code
Home phone	Work phone	Cellphone	Email	

Acknowledgment and consent		
<p>I authorize Alberta Blue Cross, Blue Cross Life Insurance Company of Canada* and/or its agents to collect, use, maintain and disclose personal information for the purposes of determining eligibility for coverage, assessment, paying claims, audit, investigation, underwriting, administration and claim management. I acknowledge and agree that my personal information may only be collected from and/or released to a third party (health care professional/practitioner/insurer or reinsurer/agent of record) only when needed for a purpose stated above. Medical and health information excludes genetic test results. I confirm that I am authorized by my spouse and dependants to receive and disclose information about them that is used solely for these purposes.</p> <p>I understand that I can revoke this consent at any time in writing; however, if consent is withheld or revoked, coverage may be denied or rescinded.</p> <p>I understand why I have been asked to disclose this information and am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure.</p> <p>I agree that this consent shall be effective on the date of this application and shall be valid for the duration of the time coverage is in force.</p> <p>I agree that a copy or electronic version of this authorization shall be as valid as the original.</p> <p>For a copy of our privacy policies, or questions about our personal information policies and practices, please visit our web site at ab.bluecross.ca or email our privacy compliance officer at privacy@ab.bluecross.ca.</p>		
Plan member name (please print)	Signature of plan member	Date (YYYY – MM – DD)

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

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