

Please email, fax or mail to Alberta Blue Cross
Attn: Group Administration
 10009 108 Street NW, Edmonton, Alberta T5J 3C5
 Telephone: 780-498-5925 or 1-866-498-5925
 Fax: 780-498-3540 ab.bluecross.ca
grouneligibility@ab.bluecross.ca

1. Group information

Name of group	Group/policy	Effective date of change (YYYY-MM-DD)
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2. Group information update

Company address		
City	Province	Postal code
Phone and extension	Fax	Company email

3. Plan administrator information update

By default, all available sections under your group number will be updated. Please use the comments section to indicate otherwise.

<input type="checkbox"/> Primary plan administrator (receives correspondence and bill notifications)	or	<input type="checkbox"/> Alternate plan administrator (does not receive correspondence and bill notifications, but is an authorized party to make inquiries on behalf of the group)	or	<input type="checkbox"/> Company executive (does not receive correspondence and bill notifications, but is an authorized party to make inquiries on behalf of the group)
Name	Email	Phone		

4. Online services access information update

Please complete this section to provide or change user online access.

Name	Email (complete only if not entered in section 3)
a. <input type="checkbox"/> Update member information (update and view member information, request ID cards, access contracts)	<input type="checkbox"/> All sections <input type="checkbox"/> Following sections only _____ _____ _____
b. <input type="checkbox"/> View member information (view member information, request ID cards, access contracts)	
c. <input type="checkbox"/> View bill (view statement of account)	
d. <input type="checkbox"/> View benefit report (view health and dental benefit reports)	

5. Terminate plan administrator

Name
<input type="checkbox"/> Remove as a group contact (subject to the addition of a new plan administrator)
<input type="checkbox"/> Remove online access

6. Authorized representative acknowledgement and consent

I authorize Alberta Blue Cross to provide access or change the above-noted plan administrator or user(s) access to the Alberta Blue Cross website for plan administrators to conduct transactions on behalf of the policyholder in accordance with the access rights granted above and according to the Online Plan Administrator Access Agreement. If "terminate" is checked above, I request the above-noted plan administrator or user(s) access be terminated.

Authorized representative signature _____ Name printed _____

7. Comments

_____ _____ _____ _____ _____
