

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

EMPLOYEE BENEFITS APPLICATION

Telephone: (780) 498-8100 or 1-800-232-1914

I. THIS SECTION TO E	BE COMPLETED BY	/ EMPLOYEE				Fax	: (780) 4	98-8532 ww	w.ab.bluecross	.ca	
SURNAME			GIVEN NAME A	AND MIDDLE INI	TIALS			EMPLOYEE DATE OF BIRTH:	YYYY M	M DD	
STREET ADDRESS				CITY	/ TOWN		PROVING		POSTAL CODE		
HOME TELEPHONE	WORK TELEPH	ONE	GENDER		BENEFIT STA	ATUS	PROVIN	NCIAL HEALT	H NUMBER		
()	()			Female	Single	Family					
2. PLEASE COMPLETE	E THIS SECTION FO	OR FAMILY COVI	ERAGE								
	(If different than employee'		ND MIDDLE INITIAL	LS GENDER	DATE O	F BIRTH PI	ROVINCIA	L Date	of Common Law C	Cohabitation	
Common law	(ii aiiioioiii aiaii oiiipioyoo	o,		M	F	MM DD HEA	LTH NUME	BER	YYYY MM	DD	
UNMARRIED DEPENDE	NT CHILDREN: (NO	TE: If additional spa	ace is required ple	ease use the b	ack of this page)					
SURNAME (If different than	,	GIVEN NAME AND MID			GENDER	DATE OF BIRTH		DOMINICIAL HEA	ALTH NUMBER (S	*CODE	
SOINVAINE (II dillerent trian	employees)	SIVEN NAME AND MIL	DDEL INITIALS INCL	LATIONSHIP	M F	TTTT WIW	ין טט	NOVINGIAL FILA	ALTITIONIDEIX (3	see below)	
			<u> </u>								
*00DE0: A Ar	1. £.11 dan and and abilid land	Manager days and and an	and the second s		M F						
NOTE: Pleas	 tully dependent child less defined over the dependent are e enter the date school cor defined over the dependent 	age but under the maxiinmences beside all cod	mum age specified i de B dependents. A	in the booklet. T	dency Declaration	is required for each scl		ıcational instituti	on on a full-time b	asis.	
3. PLEASE COMPLETE											
I am waiving the following		, ,	, , , ,	n: Healtl	Health Dental I wish to waive th			e following, subject to the group contract			
Group Number		Name of insurance of	company		participation requ			irements:			
I understand that if benef	fits have been deleted.	I will not be able to	o re-enrol for the	ese benefits at	a later date	All Life & Dis	ability B	enefits			
unless application occur	s within 31 days of teri	mination of spousa	ıl coverage.								
4. COORDINATION OF											
Do you have coverage thro Name of Insured	ough another insurance		surance company		No Y	es - If yes, please	indicate	Group Nu	mber		
Benefits Covered:	Health 🔲 Denta	al Uision	Drugs					'			
E ORTIONAL COVERA	CEC APPLIED FOR										
5. OPTIONAL COVERA	IGES APPLIED FOR	`									
OPTIONAL LIFE (must be in units of \$10,000)	Employee Amount:		¬ ¯ [OPTIONAL AD Employee		\$ dents		Optional the emp	For Dependent L I Life and Optiona loyee is the bene	al AD&D ficiary of	
OPTIONAL LIFE (must be in units of \$10,000)	Employee Amount:	Spouse Amount	¬ ¯ [Employee	9&D & Eligible Depen			Optional the emp	l Life and Optiona	al AD&D ficiary of	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR	Employee Amount:	Spouse Amount	¬ ¯ [Employee 8	& Eligible Depen	dents		Optional the emp the insul	I Life and Optiona loyee is the bene red spouse and c	al AD&D ficiary of children.	
OPTIONAL LIFE (must be in	Employee Amount:	Spouse Amount	¬ ¯ [Employee	& Eligible Depen	dents		Optional the emp the insul	I Life and Optional loyee is the bene	al AD&D ficiary of children.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR	Employee Amount:	Spouse Amount	¬ ¯ [Employee 8	& Eligible Depen	dents		Optional the emp the insul	I Life and Optiona loyee is the bene red spouse and c	al AD&D ficiary of children.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR	Employee Amount:	Spouse Amount	¬ ¯ [Employee 8	& Eligible Depen	dents		Optional the emp the insul	I Life and Optiona loyee is the bene red spouse and c	al AD&D ficiary of children.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3	Employee Amount: \$ LIFE BENEFITS	Spouse Amount	¬ ¯ [Employee 8	& Eligible Depen	dents	nount di	Optional the emp the insul	I Life and Optional loyee is the bene red spouse and c	al AD&D ficiary of children.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR	Employee Amount: \$ LIFE BENEFITS	Spouse Amount	¬ ¯ [Employee 8	& Eligible Depen	dents		Optional the emp, the insul	I Life and Optional loyee is the bene red spouse and c centage (Total mu neficiary	al AD&D ficiary of children.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to	Employee Amount: \$ LIFE BENEFITS aries p appoint:	Spouse Amount	¬ ¯ [Employee 8	Relation	onship e to receive any ared a minor under the	ne Provii	Optional the emp. the insure the	I Life and Optional loyee is the bene red spouse and c centage (Total mu neficiary	al AD&D ficiary of children.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary:	Employee Amount: \$ LIFE BENEFITS aries pappoint: I wish to appoint:	Spouse Amount	¬ ¯ [Employee 8	Relation	dents posship e to receive any ar	ne Provii	Optional the emp. the insure the	I Life and Optional loyee is the bene red spouse and c centage (Total mu neficiary	al AD&D ficiary of children.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to	Employee Amount: \$ LIFE BENEFITS aries appoint: I wish to appoint: INTAND CONSENT	\$ Spouse Amount		Employee & Employee & Middle Initial(s)	Relation Relation as Truster considere in the ever	e to receive any ared a minor under that ALL noted Benefit	ne Provinciaries ar	Optional the emp, the insulation of the insulati	I Life and Optional loyee is the bene red spouse and contact the contact of the c	al AD&D ficiary of shildren. sst = 100%)	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary: 7. ACKNOWLEDGEME	Employee Amount: \$ LIFE BENEFITS aries appoint: I wish to appoint: INTAND CONSENT	\$ Spouse Amount		Employee & Employee & Middle Initial(s)	Relation	e to receive any ared a minor under that ALL noted Benefit	ne Provinciaries ar	Optional the emp, the insulation of the insulati	I Life and Optional loyee is the bene red spouse and contact the contact of the c	al AD&D ficiary of shildren. sst = 100%)	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary: 7. ACKNOWLEDGEME I certify that all the a	Employee Amount: \$ LIFE BENEFITS aries b appoint: I wish to appoint: ENTAND CONSENT bove information is	Spouse Amount First Name		Employee &	Relation	e to receive any ared a minor under that ALL noted Benefit	ciaries ar	Optional the emp, the insulation of the insulati	I Life and Optional loyee is the bene red spouse and content of the content of th	ai AD&D fficiary of thildren. st = 100%)	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary: 7. ACKNOWLEDGEME I certify that all the a Employee Signature:	Employee Amount: \$ LIFE BENEFITS aries b appoint: I wish to appoint: ENTAND CONSENT bove information is	Spouse Amount First Name		Employee &	Relation Rel	e to receive any ared a minor under that ALL noted Benefit	on the re	Optional the emp, the insulation of the insulati	I Life and Optional loyee is the bene red spouse and content of the content of th	ai AD&D fficiary of thildren. st = 100%)	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary: 7. ACKNOWLEDGEME I certify that all the a Employee Signature: THIS SECTION TO BE	Employee Amount: \$ LIFE BENEFITS aries b appoint: I wish to appoint: ENTAND CONSENT bove information is	Spouse Amount \$ First Name		Employee &	Relation	e to receive any ared a minor under that ALL noted Benefic	on the ro	Pero Pero Pero Pero Pero Pero Pero Pero	I Life and Optional loyee is the bene red spouse and content of the content of th	at AD&D fliciary of children. Interest = 100%)	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary: 7. ACKNOWLEDGEME I certify that all the a Employee Signature: THIS SECTION TO BE NAME OF GROUP	Employee Amount: \$ LIFE BENEFITS aries appoint: I wish to appoint: NTAND CONSENT bove information is E COMPLETED BY EMPLOYEE NUMBER	Spouse Amount First Name First Name OTHER IDEN	lete and agree	Employee &	Relation	e to receive any ared a minor under that ALL noted Benefit and Consent of SECTION NUMBER	on the ro	Perconsider of the control of the co	I Life and Optional loyee is the bene red spouse and contage (Total must be reficiarly tion of resident syryyy Mines of this form.	at AD&D fliciary of shildren. Ist = 100%) ICCE.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary: 7. ACKNOWLEDGEME I certify that all the a Employee Signature: THIS SECTION TO BE NAME OF GROUP DEPARTMENT COMPLETE FOR LIFE A DISABILITY BENEFIT	Employee Amount: \$ LIFE BENEFITS aries b appoint: I wish to appoint: INTAND CONSENT bove information is ECOMPLETED BY EMPLOYEE NUMBER	First Name Strue and comple EMPLOYER OTHER IDEN ASS:	lete and agree	Employee &	Relation Rel	e to receive any ared a minor under that ALL noted Benefit and Consent of SECTION NUMBER HOURS WORKED / W	on the rolling the province of the rolling the province of the rolling the province of the pro	Perconstitute in surface in the emp, the insurface in the	Julie and Optional loyee is the bene red spouse and contage (Total must be form.) Portion of resident spouse and contage (Total must be form.)	at AD&D fliciary of shilldren. st = 100%) ce.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary: 7. ACKNOWLEDGEME I certify that all the a Employee Signature: THIS SECTION TO BENAME OF GROUP DEPARTMENT COMPLETE FOR LIFE A	Employee Amount: \$ LIFE BENEFITS aries appoint: I wish to appoint: INTAND CONSENT bove information is ECOMPLETED BY EMPLOYEE NUMBER aries EMPLOYEE CLA Seemployee meets the	First Name First Name OTHER IDER ASS: The contractual	lete and agree	Employee &	Relation Rel	e to receive any ared a minor under that ALL noted Benefit and Consent of SECTION NUMBER	on the rolling to the	Perconstitute in surface in the emp, the insurface in the	I Life and Optional loyee is the bene red spouse and contage (Total must be reficiarly tion of resident syryyy Mines of this form.	at AD&D fliciary of shilldren. st = 100%) ce.	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary who are minors I wish to Contingent Beneficiary: 7. ACKNOWLEDGEME I certify that all the a Employee Signature: THIS SECTION TO BE NAME OF GROUP DEPARTMENT COMPLETE FOR LIFE A DISABILITY BENEFIT I hereby certify this requirements outling FOR PROV. STATUS TY	Employee Amount: \$ LIFE BENEFITS aries appoint: I wish to appoint: INTAND CONSENT bove information is ECOMPLETED BY EMPLOYEE NUMBER aries EMPLOYEE CLA Seemployee meets the	Spouse Amount \$ First Name OTHER IDEN ASS: The contractual Intract.	NTITY NUMBER COMPLETED FOR LANG. EMP. CI	Employee &	Relation Rel	e to receive any ared a minor under the tall noted Benefit and Consent of Section NUMBER HOURS WORKED / W Per:	on the rolling lower the rolli	Pero le for any beincial jurisdic le deceased. REQUESTED EFFECTIVE DATE OF COVERAGE: ATE OF HIRE: Part Time Week TE	I Life and Optional loyee is the bene red spouse and contage (Total must be red spouse and contage (Total must be of this form. YYYYY MIN YYYYY MIN WALEPHONE & ARE	at AD&D fliciary of shildren. st = 100%) ce. d DD d DD	
OPTIONAL LIFE (must be in units of \$10,000) 6. BENEFICIARY FOR Beneficiary's Surname 1 2 3 For designated beneficiary: Contingent Beneficiary: 7. ACKNOWLEDGEME I certify that all the a Employee Signature: THIS SECTION TO BE NAME OF GROUP DEPARTMENT COMPLETE FOR LIFE A DISABILITY BENEFIT I hereby certify this requirements outling FOR PROV. STATUS TY BLUE 7	Employee Amount: \$ LIFE BENEFITS aries appoint: I wish to appoint: NTAND CONSENT bove information is ECOMPLETED BY EMPLOYEE NUMBER EMPLOYEE NUMBER S Employee meets till and in the group con	Spouse Amount S First Name OTHER IDEN ASS: De contractual ntract. ARN. OCCUPATION	NTITY NUMBER COMPLETED FOR	Employee &	Relation Rel	e to receive any ared a minor under the and Consent of the ALL noted Benefit and Cons	on the rolling lower the rolli	Perconnection of the empty the insulative empty the empty the insulative empty the insulative empty the insulative	I Life and Optional loyee is the bene red spouse and contage (Total must be red spouse and contage (Total must be of this form. YYYYY MIN YYYYY MIN WALEPHONE & ARE	at AD&D fliciary of shildren. st = 100%) ce. d DD d DD	

ACKNOWLEDGEMENT AND CONSENT

I certify that the information provided on this form is true and complete. I understand that the personal information provided herein as well as other personal information currently held or collected in the future by Alberta Blue Cross and/or Blue Cross Life Insurance Company of Canada* may be collected, used or disclosed to administer the terms of my policy and to manage the Company's business. Limited personal information may be collected from and/or released to a third party for the purposes listed above. This may include: a licensed physician and/or other healthcare professional or institution, another Blue Cross organization, a health and life insurer, government or regulatory authority or other third party when required to administer the benefits outlined in my policy.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross privacy policies, I can contact Alberta Blue Cross at (780) 498-8100, ext. 8108 (privacy@ab.bluecross.ca) should I have questions as to the collection, use of or disclosure of my personal information. I authorize Alberta Blue Cross and/or Blue Cross Life Insurance Company of Canada to collect, use and disclose my personal information as described.

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