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www.asebp.ca

GROUP INSURANCE ENROLMENT



Calgary Board
of Education

(To be maintained on file by the employer and surrendered to ASEBP upon request)

A. Personal		
Employer's name: CALGARY BOARD OF EDUCATION	Participation No.: 170	Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employee's name:	FTE:	
Phone number:	Salary:	
Employee's mailing address (incl. postal code): _____ _____ _____	Employee no.:	
	ASEBP ID #: (if available)	
	Birth date: <div style="display: flex; justify-content: space-around; width: 100%;"> Year Month Day </div>	
B. Benefits		
The following benefits are mandatory (no selection required):		
★ Life and Basic Accidental Death & Dismemberment ★ Extended Disability Benefits		
C. Declaration of consent and authorization		
<p>The personal information contained herein is required for the purpose of enrolment in and coverage under the selected ASEBP benefit plans. It may be necessary for the ASEBP to disclose some or all of the personal information contained herein to third party service providers or your employer for these purposes. Where third party service providers are retained, appropriate contracts are in place to protect personal information. Personal information disclosed to your employer is restricted to information necessary for administering each group benefit plan you enrolled in.</p> <p>I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that doing so will affect my and my dependants' eligibility to receive group benefits.</p> <p>I understand that by virtue of the provisions of the <i>Personal Information Protection Act</i> of Alberta, my dependants are deemed to consent to the collection, use and disclosure of their personal information for the purpose of enrolment in and coverage under the group benefit plans, through me as the applicant.</p> <p>I authorize my employer to regularly deduct from my pay, any contribution to be made by myself for these benefits. Should the information provided change, I understand that it is my responsibility to advise my employer immediately.</p> <p>Your employer and/or ASEBP may elect to copy and/or store this document by secure and reliable digital or other electronic means. By signing this document you agree that this document, including your signature, may be recorded and stored electronically and that any electronic copy of same will be binding upon you to the same extent as the original version.</p> <p>I agree to the above and declare that my statements in this enrolment application are complete, accurate and true.</p> <p>Date: _____ Signature: _____</p> <p>Consent is being obtained in accordance with sections 7, 8, 9 and 61 of the <i>Personal Information Protection Act</i> of Alberta and section 1 of the federal <i>Personal Information Protection Electronic Documents Act</i>. Be advised that in order to optimize the services we provide we may use service providers outside Canada to carry out certain functions on our behalf. In such situations, we enter into contracts and/or verify that appropriate privacy and security protocols are in place. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's Privacy Policy at www.asebp.ca or contact the privacy officer at 780-438-5300.</p>		
D. For office use only		
Date of employment	Date eligible for benefits	Date benefits received