Calgary Board of Education

Blue Cross Group Insurance Enrolment Group Number 70630

Please complete and send this form to:
Calgary Board of Education, Recruitment & Staffing Support, 3rd Floor, 1221 – 8th Street SW, Calgary AB, T2R 0L4

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: M ☐ F ☐
(DD/MMM/YYYY)

Address: _____

City: _____ Postal Code: _____ Phone: _____

The Beneficiary Section must be completed to process your enrollment. (Example: Estate or Family or Friends)

Last name	First name	Middle initial	Relationship	Percentage (total must = 100%)
1.				
2.				
3.				
4.				
5.				

For designated beneficiaries who are minors, I wish to appoint: _____ as Trustee to receive any amount due for any beneficiary considered a minor under the provincial jurisdiction of residence.

Contingent beneficiaries:
In the event **ALL** above mentioned beneficiaries are deceased, I wish to appoint

Last name	First name	Middle initial	Relationship	Percentage (total must = 100%)
1.				
2.				

Complete the following section ONLY if you require family coverage.

First Name, Initial and Last Name:	**Gender:**	**Date of Birth:** (DD/MMM/YYYY)	**Overage (21) Dependent:**
Spouse:	☐ M ☐ F		☐ Disabled ☐ Student
Child:	☐ M ☐ F		☐ Disabled ☐ Student
Child:	☐ M ☐ F		☐ Disabled ☐ Student
Child:	☐ M ☐ F		☐ Disabled ☐ Student
Child:	☐ M ☐ F		☐ Disabled ☐ Student

ACKNOWLEDGEMENT AND CONSENT

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 re-insurer/agent of record/my employer) only when needed for a purpose stated above. I confirm that I am authorized by my spouse and dependents to receive and disclose information about them that is used solely for these purposes;
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I can revoke this consent at any time in writing; however, if consent is withheld or revoked, coverage may be denied or rescinded;
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;
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 effect.
I agree that a copy or electronic version of this authorization shall be as valid as the original.

Employee Signature: _____ Date: _____

Benefits Department Signature: _____ Employment Date: _____
(Completed by Benefits Department)

The Calgary Board of Education (CBE) collects the personal information requested on this form under the authority of section 4(c) of the Alberta *Protection of Privacy Act.* This information will be used for the management of personnel and for the delivery of Human Resources programs at the CBE. The personal information may be inputted into automated systems. If you have any questions about the collection and storage of personal information, please contact the Employee Contact Centre at 403-817-7333 and a representative will help you.