



Blue Cross Preauthorized Payment Plan for Deduction of Premiums

Section 1: Personal Information				To be Completed by the Employee	
First Name:		Last Name:			
Address:			City:		
Postal Code:		Email:		Phone:	
Section 1: Personal Information				To be Completed by Human Resources	
Employee ID:	(leave blank if new employee)				

Note: It is your responsibility to notify us of any change in your banking information.

- This pre-authorized payment is in accordance with the ATA agreement.
- Payment will be taken on the last working day (last business day) of the month.
- A \$35.00 service charge will be charged on all returned items. Insurance premium rates are subject to change.
- Prior to a change in rates, the Calgary Board of Education will notify employees in writing.
- Please ensure that the person signing the pre-authorized payment plan agreement is authorized to sign on the bank account indicated on the voided cheque or the bank letter.

Employees Under Age 65

☐ Single – \$102.35 per month

I hereby authorize the Calgary Board of Education to debit my account on the last working day of each month, with February 29th being the exception, to the amount of **(please check one)**:

☐ Family – \$254.86 per month

Employees Age 65 and Over (Extended Health Coverage Only)

☐ Single – \$55.66 per month

I hereby authorize the Calgary Board of Education to debit my account on the last working day of each month, with February 29th being the exception, to the amount of **(please check one)**:

☐ Family – \$149.40 per month

Section 2: Authorization				To be Completed by the Employee	
Employee Signature:		Date:			
(Must be signed in ink)					

☐ Select to consent to have your Blue Cross premiums deducted from the **same bank account provided for your Payroll information.**

To review your banking information please navigate to the Direct Deposit page in Employee Self Service: Self Service > CBE Payroll and Compensation > Direct Deposit



Select to have your Blue Cross premiums deducted from a **separate bank account**. Please attach a void cheque or bank letter to this form.

Once completed, this is a confidential form and is to be returned by e-mail or mail. **Current Employees can return this form to HRBenefits@cbe.ab.ca. New Hires should return this form directly to the onboarding Recruiter.** If mailing, send to Calgary Board of Education, Recruitment & Staffing Support 3rd Floor, 1221 – 8th Street SW, Calgary AB, T2R 0L4.

If you have questions, please contact the Employee Contact Centre by email ecc@cbe.ab.ca or phone 403-817-7333.

The CBE collects personal information under section 4(c) of the Protection of Privacy Act (POPA) for the purposes of managing employee benefit programs. If you have any questions regarding the collection of information, you can contact the HR Employee Contact Centre at 403-817-7333.