



Employer

Site

Employee Name

ID#

Date of Birth mm/dd/yy

I hereby make application to Alberta Blue Cross to provide coverage under my family contract for my unmarried dependant student(s) (under the maximum age specified in the booklet), who is attending an accredited educational institution on a fulltime basis. I understand that this is valid for one school term only and if required will reapply at the beginning of the next school term.

Student Surname

Given Name & Initial

Date of Birth mm/dd/yy

Name of School

Enrollment Date

Termination Date

.....

Student Surname

Given Name & Initial

Date of Birth mm/dd/yy

Name of School

Enrollment Date

Termination Date

.....

Student Surname

Given Name & Initial

Date of Birth mm/dd/yy

Name of School

Enrollment Date

Termination Date

.....

Student Surname

Given Name & Initial

Date of Birth mm/dd/yy

Name of School

Enrollment Date

Termination Date

.....

Employee Signature

Date