



VOLUNTARY OUTSIDE CANADA EMERGENCY COVERAGE APPLICATION / CHANGE FORM

| 1. EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE) | | |
|---|----------------------------------|------------------------------|
| Employee surname | Given name and middle initial(s) | Alberta Blue Cross ID Number |
| Group policy number | Current group section | Employee site of employment |
| <input type="checkbox"/> I elect outside Canada emergency travel benefits* DATE: _____ - <i>NOTE: I understand that once enrolled, I will not be able to opt-out unless I become ineligible or terminate employment.</i> | | |

* Applies to eligible dependents

| 2. AUTHORIZATION AND DECLARATIONS |
|---|
| <p>I hereby apply for coverage under the group benefit plans issued by Alberta Blue Cross. I authorize:</p> <ul style="list-style-type: none"> My employer to deduct from my pay and remit to Alberta Blue Cross the plan member contributions required under the plan, if applicable Alberta Blue Cross, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or organization, or service providers working with Alberta Blue Cross to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan. <p>If applying for coverage for my spouse and/or dependents, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.</p> <p>Employee signature: _____ Date: _____</p> |

| TO BE COMPLETED BY EMPLOYER | | | | | | |
|---|-----------------|-------------|---------------------------|--|----|----|
| Group | Current section | New section | Effective date | YYYY | MM | DD |
| I hereby certify this employee meets the contractual requirements as outlined in the group contract | | | | | | |
| Employer signature | | | Date approved by employer | Date change sent to Alberta Blue Cross | | |

Please return to Benefits, 7R, Edmonton General Continuing Care Centre or by fax to 780-342-8258.