ALBERTA BLUE CROSS®

APPLICATION FOR BENEFITS
Employee's Statement

It is an offence to make a false or misleading statement in an application for benefits and all answers and statements in the fields below must be completed and true. Missing information could result in a delay in the adjudication of your application.

You must notify Blue Cross of any changes that may affect your eligibility for benefits. This includes an improvement in your medical condition, a return to work, or entry into training or rehabilitation programs.

I have read the above and agree. _____

Signature of Employee

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Last Name	First Name	Initial	Date of Birth (Year / Month / Day)
Address				Social Insurance Number:
City	Province	Postal Code	Telephone	

If condition is due to an accident, provide the date of the accident (Year / Month / Day) : _____

Where and how did the accident occur? _____

What is the nature of your current medical condition? _____

What is the current treatment? _____

What medication are you currently taking? _____

Have you ever had a similar condition? ☐ Yes ☐ No If yes, state when and describe:

_____

Do you have any other medical conditions at this time? _____

Are you able to work? ☐ Yes ☐ No Please explain what is preventing you from working:

_____

When do you expect to return to work?

Please provide the names of all medical practitioners who have treated you in the last three years:

Physician or Hospital (Name & Location)	Reason	Date of First Visit (Year / Month / Day)	Date of Last Visit (Year / Month / Day)

Have you applied for or are you receiving accident or disability benefits from other sources?
(eg. WCB, CPP, automobile insurance, insurance companies, government agencies.)

Name of Source	Date of Application (Year/Month/Day)	Benefit Amount	Frequency of Payment	Benefit Start Date (Year/Month/Day)	Benefit End Date (Year/Month/Day)

ACKNOWLEDGEMENT AND CONSENT

I certify that the information provided on this form is true and complete. I understand that the personal information provided herein as well as other personal information currently held or collected in the future by Alberta Blue Cross and/or Blue Cross Life Insurance Company of Canada* may be collected, used or disclosed to administer the terms of my policy and to manage the Company's business. Limited personal information may be collected from and/or released to a third party for the purposes listed above. This may include: a licensed physician and/or other healthcare professional or institution, another Blue Cross organization, a health and life insurer, government or regulatory authority or other third party when required to administer the benefits outlined in my policy.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross privacy policies, I can contact Alberta Blue Cross toll free at 1-855-498-7302 (780-498-7302 in the Edmonton area) or by email at privacy@ab.bluecross.ca should I have questions as to the collection, use of or disclosure of my personal information.

I authorize Alberta Blue Cross and/or Blue Cross Life Insurance Company of Canada to collect, use and disclose my personal information as described. I further authorize that my Social Insurance Number may be used (as needed to meet Canadian Customs and Revenue Agency requirements) by a provider or administrator of my group benefits plan as my personal identification number (Certificate Number/ID Number) for claims information, billing records, and plan contributions for me and my dependents.

Signature: _____ Date: Year _____ Month _____ Day _____

*Blue Cross Life Insurance Company of Canada underwrites all life and income replacement benefits.

A photocopy of this signed form shall be as valid as the original. This consent is obtained in accordance with section 34 of Alberta's *Health Information Act*, sections 7, 8 and 9 of Alberta's *Personal Information Protection Act* and section 5 of the federal *Personal Information Protection and Electronic Documents Act*.