ALBERTA BLUE CROSS®

CORE PLAN BENEFIT CHANGES

AMA HEALTH BENEFITS TRUST FUND

Please mail to: 12230 - 106 Ave, NW
Edmonton, AB T5N 3Z1
Telephone: (780) 482-2626 Fax: (780) 488-7558

THIS SECTION TO BE COMPLETED BY PLAN SPONSOR / ADMINISTRATOR

NAME OF PLAN SPONSOR	GROUP NUMBER	EFFECTIVE DATE OF CHANGE: (YYYY/ MM / DD)
AMA HEALTH BENEFITS TRUST FUND	**21032**	

PARTICIPANT SURNAME	GIVEN NAME AND MIDDLE INITIAL	IDENTIFICATION NUMBER	DATE OF BIRTH (YYYY/ MM / DD)

TYPE OF CHANGE (Check below and complete applicable sections.)

☐ Transfer ☐ Reinstatement - As a Participant: YYYY MM DD ☐ Other (Specify):

REVISED DEPARTMENT / SECTION	REVISED PARTICIPANT NUMBER	REVISED OTHER IDENTITY NUMBER	REVISED PARTICIPANT CLASS

I hereby certify this member meets the contractual requirements of being an Eligible Member. COMPLETED FOR PLAN SPONSOR BY: DATE:

TERMINATION: (Check type of termination and indicate date.)

- The **participant** must be provided with a copy of this form.
- Alberta residents may apply for Alberta Blue Cross coverage on an individual basis through one of our Individual Benefit Plans. To be eligible for continuous coverage you must apply within 30 days of your group plan cancellation date. Please contact Alberta Blue Cross at 1-800-661-6995 for details.

☐ Cancelled Membership ☐ Deceased ☐ Other (Specify):

DATE MEMBERSHIP TERMINATED YYYY MM DD

COMPLETED FOR PLAN SPONSOR BY

☐ **CHANGE: PARTICIPANT NAME / BENEFIT STATUS**

NEW SURNAME	GIVEN NAME AND MIDDLE INITIAL	GENDER	REVISED BENEFIT STATUS:
		☐ M ☐ F	☐ Single ☐ Couple ☐ Family

☐ **CHANGE: PARTICIPANT ADDRESS and / or TELEPHONE NUMBER**

NEW STREET ADDRESS	CITY / TOWN	PROVINCE	POSTAL CODE

TELEPHONE: Home ( ) Work ( )

☐ **CHANGE: SPOUSE, COMMON-LAW SPOUSE and / or DEPENDENT(S) INFORMATION**

Add	Delete	SURNAME (If different than participant's)	GIVEN NAME AND MIDDLE INITIAL	GENDER	DATE OF BIRTH YYYY MM DD	DATE OF MARRIAGE / COHABITATION YYYY MM DD
☐	☐	Spouse		☐ M ☐ F		
☐	☐	Common law		☐ M ☐ F		

UNMARRIED DEPENDENT CHILDREN: **(NOTE: If additional space is required please use the back of this page.)**

Add	Delete	SURNAME (If different than participant's)	GIVEN NAME AND MIDDLE INITIAL	RELATIONSHIP	GENDER	DATE OF BIRTH YYYY MM DD	*CODE (See below)
☐	☐				☐ M ☐ F		
☐	☐				☐ M ☐ F		
☐	☐				☐ M ☐ F		
☐	☐				☐ M ☐ F		
☐	☐				☐ M ☐ F		

***CODES:**
A = An unmarried, fully dependent child less than the dependent age as specified in the booklet.
B = An unmarried child over the dependent age but under the maximum age specified in the booklet. This dependent must be attending an accredited educational institution on a full-time basis.
NOTE: Please enter the date school commences beside all code B dependents. An annual *Dependency Declaration* is required for each school year.
C = An unmarried child, over the dependent age as specified in the booklet, but fully dependent on me due to mental or physical infirmity.

I certify that all the above information is true and complete and agree to the Acknowledgement and Consent on the reverse side of this form.

Participant's Signature: _____ Date: _____

AUTHORIZATION AND CONSENT

I certify that the information contained on this form is true and complete. I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Alberta Blue Cross may be collected, used, or disclosed to administer the terms of my benefit plan. Limited personal information may be collected from and/or released to a third party for the purpose of assessing a claim. This may include other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or healthcare institutions, health insurers or government and regulatory authorities. 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 at (780) 498-8100 ext. 8108 should I have questions as to the collection, use or disclosure of my personal information. I authorize Alberta Blue Cross to collect, use and disclose my personal information as described above.