



Allendale Centre East
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 Edmonton | Alberta | T6H 2K7
 Phone: 1-877-431-4786
 www.asebp.ca

MyRETIREE PLAN CHANGE APPLICATION

INSTRUCTIONS:

1. Complete all applicable sections of this form.
2. Return the completed form to ASEBP by fax (780-438-5304) or email benefits@asebp.ca.

A. Personal Information

Name: " First name Last name"

ASEBP ID number:

Previous name (if applicable):

Date of birth (YYYY/MM/DD): / /

Mailing address (incl. postal code):

Phone number (incl. area code): - -

Email address:

A personal email is recommended to easily create and access your My ASEBP account.
 There, you can view all your benefit information and print or download your ID card.

B. Reason for Change

Life event/Change date (YYYY/MM/DD): / /

Please check off the reason(s) you are requesting a change in your benefits or personal information:

Change in marital status: Marriage/Common Law Separation/Divorce Deceased Spouse Other:

If Common Law, indicate date of start of cohabitation (YYYY / MM/ DD): / / (Please proceed to Section C & D)

Birth/adoption/guardianship (Please attach a copy of the legal guardianship papers to this form.) (Please proceed to Section C & D)

Loss of partner/alternate coverage (Include a letter from employer/carrier providing coverage noting the date and reason for termination of benefits.)

*Terminate coordination of benefits (*applies to all Extended Health, Vision, and Dental Care benefits on file).

Name of insurance carrier:

Effective date of loss (YYYY/MM/DD): / /

Reinstatement of MyRetiree Plan benefits

Terminate **all** MyRetiree Plan coverage currently participating in (Please proceed to Section E)

Change in name. New name:

Change in mailing address to (include postal code):

Other (Please explain):

F. Declaration of Consent and Authorization (must be signed)

The personal information contained herein is required for enrolment in and coverage under the selected ASEBP benefit plans. It may be necessary for ASEBP to disclose some or all of the personal information contained herein to third-party service providers or your employer for these purposes. Where third-party service providers are retained, appropriate contracts are in place to protect personal information. Personal information disclosed to your employer is restricted to information necessary for administering each group benefit plan you enrolled in.

I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that doing so will affect my and my dependants' eligibility to receive group benefits.

I understand that by virtue of the provisions of the *Personal Information Protection Act* of Alberta, my dependants are deemed to consent to the collection, use and disclosure of their personal information for the purpose of enrolment in and coverage under the group benefit plans, through me as the applicant.

Your employer and/or ASEBP may elect to copy and/or store this document by secure and reliable digital or other electronic means. By signing this document, you agree that this document, including your signature, may be recorded and stored electronically and that any electronic copy of same will be binding upon you to the same extent as the original version.

I agree to the above and declare that my statements in this enrolment application are complete, accurate and true.

Signature: First name Last name

Date: YYYY/MM/DD

Consent is being obtained in accordance with sections 7, 8, 9 and 61 of the Personal Information Protection Act of Alberta and section 1 of the federal Personal Information Protection Electronic Documents Act. Be advised that to optimize the services we provide we may use service providers outside Canada to carry out certain functions on our behalf. In such situations, we enter into contracts and/or verify that appropriate privacy and security protocols are in place. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's Privacy Policy at www.asebp.ca or contact the privacy officer at 780-438-5300.