




## Introduction



This guide is intended to help address common issues that result in incomplete or incorrectly completed Blue Cross forms.

The **Information** column below details the fields and common errors encountered when completing the **Blue Cross Enrolment Form** and **Blue Cross Preauthorized Payment Plan for Deduction of Premiums Form**. The **Notes** column provides additional information and/or screenshots to help you locate the input field on the screen.

Information	Notes
Blue Cross Group Insurance Enrolment Group Number 70630	Form 1 of 2
1. Personal Information	<p>Complete the following fields.</p> <ul style="list-style-type: none"><li>• First Name</li><li>• Last Name</li><li>• Date of Birth</li><li>• Gender</li><li>• Address</li><li>• City</li><li>• Postal Code</li><li>• Phone</li></ul>
2. Beneficiary Section	<p>In this section, you will name your primary beneficiaries.</p> <p>A primary beneficiary is any individual institution, trust, or charity the plan member names. The primary beneficiary is first to receive the life benefits payable under the plan.</p> <p>You may name several primary beneficiaries and specify how the life benefit will be divided amongst them.</p> <p>Key Tips:</p> <ul style="list-style-type: none"><li>• Add beneficiaries Last name, First name, Middle initial</li><li>• Add beneficiaries relationship to you.</li><li>• Each percentage must be a whole number, and the total must equal 100% across all listed beneficiaries. (e.g: Doe, John Husband 50%, Doe, Jane, Sister 25%, Doe, Jack, Child 25%).</li></ul>

Information	Notes
	<p>You may choose to name your Estate, in which case the insurance proceeds will be distributed according to the instructions outlined in your Will.</p>
<p><b>3. Designated Beneficiaries Who Are Minors</b></p>	<p>If you name a child who is under the age of 18 as a beneficiary, the insurance proceeds cannot be paid directly to that child. In these cases, you will need to appoint an individual to receive the funds in trust” so that the benefit can be paid to the trustee. The appointed individual should not be a listed beneficiary.</p> <p>Name that individual in the field below:</p> <div data-bbox="418 583 1511 632"> <p><b>For designated beneficiaries who are minors, I wish to appoint:</b> <input type="text"/></p>  </div>
<p><b>4. Contingent Beneficiaries</b></p>	<p>A contingent beneficiary is any individual, institution, trust, or charity the plan member designates to receive the life benefit under the plan if the primary beneficiary dies.</p> <p>If there is more than one primary beneficiary, then the contingent beneficiaries will not receive any life benefit unless all primary beneficiaries are deceased.</p> <p>The plan member may name several contingent beneficiaries, and specify how the life benefit will be divided amongst them.</p> <p>Key Tips:</p> <ul style="list-style-type: none"> <li>• Add beneficiaries Last name, First name, Middle initial.</li> <li>• Add beneficiaries relationship to you.</li> <li>• Each percentage must be a whole number, and the total must equal 100% across all listed beneficiaries. (e.g: Doe, John Husband 50%, Doe, Jane, Sister 25%, Doe, Jack, Child 25%).</li> </ul> <p>You may choose to name your Estate, in which case the insurance proceeds will be distributed according to the instructions outlined in your Will.</p>
<p><b>5. Family Coverage</b></p>	<p><b>Note:</b> Only complete this section if you have, or will be electing, Family coverage.</p> <p>Complete the following fields for each individual who requires coverage under your Blue Cross Plan.</p> <ul style="list-style-type: none"> <li>• Spouse: First Name, Middle Initial, Last name</li> <li>• Gender</li> <li>• Date of Birth</li> <li>• Child: First Name, Middle Initial, Last Name</li> <li>• Gender</li> <li>• Date of Birth</li> </ul>

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	<ul style="list-style-type: none"> <li>• Overage Box (This should only be selected if the child is over 21 and meets one of the below eligibility requirements.)</li> </ul> <p><b>Disabled:</b> Unmarried children of any age who are mentally or physically challenged and wholly dependent on you for support.</p> <p><b>Student:</b> Unmarried children between the age of 21 to age 25 who are wholly dependent on you for support and are full-time students in high school, an accredited college or university.</p>
6. Employee Signature	<p>By signing this agreement, you are providing your acknowledgement and consent. Sign and Date.</p> <p><b>Note:</b> Document must be <b>signed with a physical ink signature</b>. Electronic signatures are not accepted.</p>
Blue Cross Preauthorized Payment Plan for Deduction of Premiums Form	Form 2 of 2
7. Personal Information	<p>Complete the following fields within Section 1:</p> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Address</li> <li>• City</li> <li>• Postal Code</li> <li>• Email</li> <li>• Phone</li> </ul>
8. Review the guidelines	<ul style="list-style-type: none"> <li>• This pre-authorized payment is in accordance with the ATA agreement.</li> <li>• Payment will be taken on the last working day of the month.</li> <li>• A \$35.00 service charge will apply to any items that are returned due to insufficient or uncollected funds. Insurance premium rates are subject to change.</li> <li>• Prior to a change in rates, the Calgary Board of Education will notify employees in writing.</li> <li>• Please ensure that the person signing the pre-authorized payment plan agreement is authorized to sign on the bank account indicated on the voided cheque or the bank letter.</li> </ul>
9. Select Coverage	Select the coverage you wish to be enrolled in.

Information	Notes
	<div data-bbox="418 241 565 394"> <input type="radio"/> Single  <input type="radio"/> Family </div>  <p><b>Note:</b> The current school year premium rates for each type of coverage can be found on the Blue Cross Preauthorized Payment Plan for Deduction of Premiums Form.</p>
<p>10. Provide Authorization</p>	<p>By signing the agreement, you: Authorize the Calgary Board of Education to debit your account on the last working day of each month, with February 29<sup>th</sup> being the exception.</p> <p>Sign and Date.</p> <p><b>Note:</b> Document must be <b>signed with a physical ink signature</b>. Electronic signatures are not accepted.</p>
<p>11. Select Banking</p>	<p>Select the option in which you would like to pay the deduction:</p> <div data-bbox="418 871 1404 1102"> <input type="radio"/> Select to consent to have your Blue Cross premiums deducted from the <b>same bank account provided for your Payroll information</b>.  <p>To review your banking information please navigate to the Direct Deposit page in Employee Self Service: Self Service &gt; CBE Payroll and Compensation &gt; Direct Deposit</p> <input type="radio"/> Select to have your Blue Cross premiums deducted from a <b>separate bank account</b>. Please attach a void cheque or bank letter to this form. </div>  <p><b>Note:</b> If selecting the Blue Cross premiums to be deducted from a separate bank account, attach a void cheque or bank letter when returning the form.</p>
<p>12. Email</p>	<p>Email the Blue Cross Preauthorized Payment Plan for Deduction of Premium Form and the Blue Cross Enrolment form.</p> <ul style="list-style-type: none"> <li>• New hires send both forms to your recruiter.</li> <li>• Current employees send both forms to <a href="mailto:cbeincoming@wcdconnect.com">cbeincoming@wcdconnect.com</a></li> </ul>

For the answers to further questions Blue Cross Benefits, contact the **HR Employee Contact Centre (ECC)** directly at **(403) 817 7333** or [ecc@cbe.ab.ca](mailto:ecc@cbe.ab.ca).