



**Blue Cross Group Insurance Enrolment  
Group Number 70630**

**Please complete and send this form to:**

Calgary Board of Education, Recruitment & Staffing Support, 3rd Floor, 1221 – 8<sup>th</sup> Street SW, Calgary AB, T2R 0L4

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F  
(DD/MM/YYYY)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**The Beneficiary Section must be completed.**

Beneficiaries: First Name and Last Name	Relationship:	Percentage: Total must be equal to 100%
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Complete the following section ONLY if you require family coverage.**

First Name, Initial and Last Name:	Gender:	Date of Birth: (DD/MM/YYYY)	Overage Dependent:
Spouse:	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Disabled <input type="checkbox"/> Student
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Disabled <input type="checkbox"/> Student
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Disabled <input type="checkbox"/> Student
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Disabled <input type="checkbox"/> Student
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Disabled <input type="checkbox"/> Student

**I certify that all information contained herein is correct and hereby confirm the beneficiary designation.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Benefits Department Signature: \_\_\_\_\_ Employment Date: \_\_\_\_\_  
(Completed by Benefits Department)

FOR BLUE CROSS USE ONLY							
55 I.D. Number	STATUS		Type of APP.	OCCUPATION CODE	EMPLOYEE CLASS-LIFE AND/OR DISABILITY	EFFECTIVE DATE (DD/MM/YYYY)	BEN CODE
	1		N				
	2		A				

Personal information is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act (FOIP)*. This information will be used for the management of personnel and for the delivery of various Human Resources programs at the Calgary Board of Education. It will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the FOIP Act, please access <http://www.cbe.ab.ca/legal/foip>. If you have any questions about this form and/or the use of the information, please contact the Employee Contact Centre at 403-817-7333.

