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

# SUPPLEMENTAL PACKAGE APPLICATION

## INSTRUCTIONS:

1. Please send the completed application form to our office by mail, fax (780-438-5304) or scan and email to [benefits@asebp.ca](mailto:benefits@asebp.ca).
2. Attach the following documents:
  - Blank personalized cheque marked "VOID" or bank account information obtained from your financial institution
  - Copy of your birth certificate or government-issued proof of age, and
  - Completed *original Appointment of Beneficiary* form (located in the Forms section of our website, [asebp.ca](http://asebp.ca)).
3. ASEBP must receive your completed application **within 31 days of your most recent employment start date**. If you return the completed application after the 31-day period, you'll need to provide ASEBP with satisfactory medical evidence of good health. Dental Care deductibles will apply until the full deductible amount is reached or 12 months have elapsed from the effective date of coverage. See the Applying Late section of the Managing your Coverage page on our website, [asebp.ca](http://asebp.ca), for details.
4. For more information about the benefit plans offered, please refer to the My Benefits section of our website, [asebp.ca](http://asebp.ca).

## Eligibility to Participate in Benefits

I declare that I am:

- under 70,
- actively working for an ASEBP-participating employer
- ineligible to participate in benefits offered by an ASEBP-participating employer or serving a waiting period of at least one day for ASEBP group benefits,
- a resident of Canada and
- covered under a provincial health care insurance plan.

## Applicant Information and Benefits Selection

### A. Applicant Information

Most recent employment start date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

School jurisdiction employed by: \_\_\_\_\_

Select one:  Teacher  Non-teacher

Select one:  Substitute teacher/Casual staff  Part-time employee  Probationary  Over 65, under 70

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Sex at birth:  Female  Male

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Primary phone #: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

## B. Declaration of Other Benefits Coverage

Do you have other group employment benefits coverage?  Yes  No

If yes, are these other benefits with a school jurisdiction?  Yes  No

## C. Package Selection

You must participate in the benefits as listed within each package. **Dental Care coverage is optional and can be added for an additional premium. Please refer to the hyperlinks below for [premium package rates](#).** If you wish to add Dental Care to your selected package, please check the Add Dental Care (*Plan 2*) box. If you choose to participate in Dental Care at a later date, you and your dependants will be considered late applicants and will be subject to deductibles for the first 12 months.

**Please select your package below and make sure to refer to the hyperlinks for information on additional charges. You can visit the applicable benefit area (found under My Benefits) of our website, [asebp.ca](http://asebp.ca), for additional information on each benefit package:**

**Package 1**

Life Insurance (*Plan 2*) \$25,000  
AD&D (*Plan 2*) \$25,000  
Extended Health Care (*Plan 2*) Single

**Add:**  Dental Care (*Plan 2*) Single  
Click [here](#) for additional rate cost.

**Package 3**

Life Insurance (*Plan 2*) \$50,000  
AD&D (*Plan 2*) \$50,000  
Extended Health Care (*Plan 2*) Single

**Add:**  Dental Care (*Plan 2*) Single  
Click [here](#) for additional rate cost.

**Package 2**

Life Insurance (*Plan 2*) \$25,000  
AD&D (*Plan 2*) \$25,000  
Extended Health Care (*Plan 2*) Family

**Add:**  Dental Care (*Plan 2*) Family  
Click [here](#) for additional rate cost.

**Package 4**

Life Insurance (*Plan 2*) \$50,000  
AD&D (*Plan 2*) \$50,000  
Extended Health Care (*Plan 2*) Family

**Add:**  Dental Care (*Plan 2*) Family  
Click [here](#) for additional rate cost.

## D. Eligibility for Dependants – only required if family coverage is selected

The definition of a dependant is as follows:

**Spouse** legally married to, or in an adult interdependent relationship with, the covered member.

**Child** ASEBP requires that children be registered on a parent's provincial health care plan. Child dependant provisions are as follows:

- Single children under 21 who are wholly dependent on a parent, including adopted children, foster children (if an income tax deduction was claimed), and wards of the court.
- Single children under 25 years of age who are enrolled in three or more courses at an accredited educational institute.
- Single and unemployed dependant over the age of 21, dependent on the covered member by reason of mental or physical disability. Please contact a Benefit Specialist for more information on eligibility and how to apply.

Please list all your dependants.

Last name	First name	Sex	Relationship	Birth date (YYYY/MM/DD)

## E. Consent and Authorization for the Use of Personal Information

The personal information contained herein is required for the purpose of 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' ability 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.

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 application are complete, accurate and true.

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

Consent is 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 in order 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 [asebp.ca/privacy](http://asebp.ca/privacy) or contact the privacy officer at 780-438-5300.