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|  | | GROUP INSURANCE ENROLMENT Rocky View School Division No. 41 |
| **INSTRUCTIONS:** Please return to your employer by October 1, 2024. | |

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| A. Personal | | |
| Employer name: | | Employee no.: |
| Last name: | First name: | ASEBP ID (if available): |
| Mailing address (PO Box/RR/suite/apt #/street): | | Sex at birth:  Male  Female |
| City:       Province:       Postal code: | |  |
| Phone number (including area code):    -   - | | Date of birth:      /    / |
| Email address: | | YYYY MM DD |
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| B. Declaration of consent and authorization |
| I understand that the Alberta School Employee Benefit Plan (ASEBP) must collect, use, maintain, and disclose personal information for the purposes of enrolling myself and my dependants, if any, in the ASEBP benefit plans and services and for determining eligibility for coverage, assessment, paying claims, audit, investigation, and administering the benefit plan. I understand that it may be necessary for the ASEBP to disclose some or all of my personal information to third party service providers or my employer for some of these purposes as is reasonable. I acknowledge that where third party service providers are retained, ASEBP ensures that appropriate contracts or terms of service are in place to protect personal information.  By providing my email address, I understand that ASEBP may use my email address to notify me of transactions on my account, changes, or information related to ASEBP and its various benefit plans and services, to provide information specifically related to my benefit coverage/utilization/experience or to conduct surveys regarding my experience with ASEBP.  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.  I authorize my employer to regularly deduct from my pay any contribution to be made by myself for these benefits. Should the information provided change, I understand that it is my responsibility to advise my employer immediately.  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:  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 [www.asebp.ca](http://www.asebp.ca) or contact the privacy officer at 780-438-5300. |

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| F. For office use only | | |
| Date enrolment form received in office: | Date of employment: | Date eligible for benefits: |