Allendale Centre East
Suite 301, 6104-104 Street NW
Edmonton, AB T6H 2K7
1-877-431-4786 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	Date of birth (YYYY/MM/DD):
Mailing address (PO Box/RR/suite /apt #, street)		Daytime phone numbers (+ area code)
City/town	Province	Postal code
Personal email address:		

Note: Please **do not** use your work email address. Your personal email ensures uninterrupted access to your personal benefits information in your My ASEBP account and ID card download/print.

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:

☐ **Other (Please explain):**

C. Benefits Plan Choices

Please check off which benefits you require.

Also, please note the following restrictions or visit MyRetireePlan.ca for more information.

- You may increase your coverage from Core to Enhanced at any time.
- You may reduce your coverage from Enhanced to Core or switch between Enhanced plans after one year of participation.
- You may terminate your coverage at any time; however, if you cancel your Enhanced EHC plan within your one-year commitment period, reapplication will only be permitted after one year from the cancellation date. You can reapply within the one-year period if you provide proof that you held coverage with another provider, and it has ended. If you terminate your Dental coverage, you cannot opt in later unless you hold coverage through another provider and can provide proof of loss of coverage.

Mandatory Extended Health Care and Vision Care
(unless coordinating with another plan)

☐ **Enhanced Extended Health and Vision Care** **-or-** ☐ **Core Extended Health and Vision Care**

Choose coverage	Single	Couple	Family
Extended Health	☐	☐	☐
Vision	☐	☐	☐

☐ I receive this benefit through my partner/alternative provider.

Optional Dental Care

☐ **Terminate my Dental Care coverage**

Add coverage	Single	Couple	Family
Enhanced Option 1	☐	☐	☐
Enhanced Option 2	☐	☐	☐
Core	☐	☐	☐

☐ I receive this benefit through my partner/alternative provider.

Life and AD&D Insurance

☐ Switch to flat $25,000 Life and AD&D insurance (***this option is available as of January 1, 2026***)

☐ I require a conversion form to convert the coverage difference from my existing plan.

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D. Dependants

First name	Last name	Sex	Birth date (YYYY/MM/DD)	Relationship (i.e. spouse, son, etc.)	Add	Remove
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

E. Termination of coverage

I would like to terminate my ASEBP MyRetiree Plan benefits coverage because (please choose all that apply):

- ☐ The ASEBP plan is not comprehensive enough
- ☐ The ASEBP plan is too expensive
- ☐ I've moved to a private-sponsored plan or my spouse's/partner's plan (please indicate plan carrier name):
- ☐ Other: (please specify):

At my request, I would like my benefits terminated effective midnight on *(YYYY/MM/DD)*: / /

Signature: _____ Date: _____
First name Last name YYYY / MM / DD

F. Premiums

Changes processed after the monthly cut-off will be reflected in the next billing cycle. Premiums are withdrawn, and refunds are deposited on the 15th of each month, or the next business day if the 15th falls on a weekend or holiday.

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G. 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 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.

Signature: _____ Date: _____
First name Last name YYYY / MM / DD

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 or contact the privacy officer at 780-438-5300.