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 www.asebp.ab.ca

DECLARATION AND BENEFITS APPLICATION FOR SUBSTITUTE TEACHERS AND CASUAL STAFF

INSTRUCTIONS:

1. Please send the completed application form to our office by mail, fax (780-438-5304) or scan and email to **benefits@asebp.ab.ca**.
2. Attach the following documents:
 - a **blank cheque marked "VOID"** or bank account information obtained from your financial institution
 - a copy of your **birth certificate, and**
 - a completed **Appointment of Beneficiary** form (located under the "Forms" tab on our website).
3. ASEBP must receive your completed application **within 31 days of being placed on a substitute teacher roster or casual staff list**. If you return the completed application after the 31 day period, you will 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.
4. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's privacy statement at www.asebp.ab.ca/privacy.html or contact the Privacy Officer at 780-431-4786.

Declaration of eligibility to participate in benefits

I declare that I am:

- on an ASEBP participating employer's substitute teacher roster/casual staff list; and
- associated with an employee group that is participating in ASEBP benefits; and
- under age 65; and
- a resident of Canada; and
- ineligible for group employment benefits through an ASEBP participating employer or other school jurisdiction; and
- not participating in ASEBP early retirement benefits.

As such, I am eligible to participate in ASEBP *Benefits for Substitute Teachers and Casual Staff*.

I was placed on the substitute teacher roster/casual staff list with _____
(Name of ASEBP participating employer)

as of _____
(Date (YYYY/MM/DD) you were placed on the current roster/list)

PART 1 – Applicant information and benefit selection

A. Applicant Information

School jurisdiction employed by: _____

****If you are on more than one roster, please identify the jurisdiction you would like to be affiliated with for benefits coverage.**

Last name: _____ First name: _____ Initial: _____

Mailing address: _____ Gender: Female Male

City: _____ Postal code: _____ Birth date: _____

Home phone #: _____ Work phone #: _____ / /

Email address (optional): _____ YYYY MM DD

Substitute teacher Casual staff

B. Other benefits

1. Do you have provincial health care coverage (e.g. Alberta Health Care)? Yes No
2. Do you have other group employment benefits coverage?
- Yes No
- Yes No
- No

C. Benefit 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. If you wish to add Dental Care to your selected package, please check the appropriate Add Dental Care (Plan 2) box.** Please refer to the premium sheet for package rates. [Click here to access the premium rate sheet.](#)

Please select your package below, adding Dental Care Coverage, if you wish to have it, by checking the appropriate boxes:

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

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

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

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

PART 2 – Dependents information

A. Declaration of eligibility for dependents

The definition of a dependent is as follows:

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

Child ASEBP requires that children be registered on a parent's provincial health care plan. Child dependent 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 21 years of age or older and wholly dependent on a parent because of physical or mental disabilities.
- Single children under 25 years of age who are enrolled in three or more courses at an accredited educational institute.

Based on the definitions above, do you have dependents?

- Yes. Please list your dependents in the table below.
- No. Please proceed to **Part 3**.

Please list all your dependents.

Last name	First name	Relationship <i>(spouse, partner, son, daughter)</i>	Birth date <i>(YYYY/MM/DD)</i>

PART 3 – Applicant consent and authorization for use of personal information

The ASEBP requires the personal information contained herein in order to administer the group benefit plans to withdraw premium payments from your bank account. It may be necessary for the ASEBP to disclose some or all of the personal information contained herein to third party service providers for these purposes. Where third party service providers are retained, appropriate contracts are in place to protect personal information.

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 dependents eligibility to receive group benefits. I understand that by virtue of the provisions of the *Personal Information Protection Act* of Alberta, my dependents 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.

For all terms and conditions please refer to the *Substitute Teacher and Casual Staff Benefits online guide*, under the Benefits and Services tab on the ASEBP website at www.asebp.ab.ca.

Signature: _____

Date: _____