



Suite 700 Weber Centre
 5555 Calgary Trail
 Edmonton | Alberta | T6H 5P9
 Phone: 1-877-431-4786
 www.asebp.ab.ca

Over Age Dependent Notification

COVERED MEMBER INFORMATION

Employee's name: _____ ASEBP ID#: _____

Employee's mailing address: _____

City: _____ Province: _____ Postal code: _____

Home telephone: _____ Business telephone: _____

TERMS AND CONDITIONS

Benefit coverage for over age dependents becomes effective on the start of the school year if Alberta School Employee Benefit Plan (ASEBP) is notified of the dependent prior to the school term. **If notification is received after the school term has commenced, the effective date of coverage is the date notification is received at ASEBP.** Benefit coverage during the school year normally starts September 1 and ends August 31, or when the dependent ceases to be eligible. If your dependent attends school outside of Canada, he/she is only eligible for *Outside Canada Emergency Travel Benefits*.

For your dependent(s) to be eligible for benefit coverage, they must be:

- between 21 and 25 years old
- unmarried
- enrolled in a minimum of three full-time courses at a recognized post-secondary educational facility (missions are not eligible)
- **covered by a parent's provincial health care insurance plan (in Alberta, this is the Alberta Health Care Insurance Plan [AHCIP])**

Return this form to ASEBP at the below address or fax number to update your dependent's file. *Please do not return the form if your dependent is not returning to school.*

Note: If the dependent(s) is eligible for coverage under more than one parent with ASEBP coverage, please complete a second form.

This notice does not update your dependent's records with AHCIP. To update those records, please call 780-427-1432 in Edmonton or toll-free at 310-0000 then 780-427-1432.

DEPENDENT INFORMATION

Name of dependent in full-time attendance	Date of birth (YYYY/MM/DD)	Name of educational facility for 2011/2012 school year	Start Date	End Date
1.				
2.				
3.				
4.				

CONSENT AND DECLARATION

I understand that the ASEBP must collect, use, and disclose the personal information contained herein in order to administer the group benefit plans and health spending account that my dependents are 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 dependent(s) 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.

I have read and agree to the terms and conditions in this notification and declare that my statements herein are complete, accurate and true.

Signature of covered member

Date signed

Please forward the completed form to ASEBP at the address below or fax to 780-438-5304. If you have any questions about this form, please contact a Benefit Specialist by phone at 1-877-431-4786 (toll-free) or by email at benefits@asebp.ab.ca.

Alberta School Employee Benefit Plan
Suite 700 Weber Centre
5555 Calgary Trail
Edmonton, AB T6H 5P9