



ARTA RETIREE BENEFITS PLAN c/o ASEBP
 Allendale Centre East
 Suite 301, 6104-104 Street NW
 Edmonton AB T6H 2K7
 780-989-8709 (Edmonton) Toll-free: 1-855-444-2782
 Fax: 780-438-5304 Email: arta@asebp.ca

CHANGE APPLICATION FORM FOR TRAVEL PLANS

INSTRUCTIONS:

1. Complete the section(s) below which are applicable to your change. Send your completed form to ARTA's plan administrator, at the address provided above.
2. You should keep a copy of the completed form for your records.
3. To make other changes not covered in this form or if you have any questions, please contact an ARTA benefit plan coordinator via the information provided above.

1. PLAN MEMBER INFORMATION (PLEASE PRINT LEGIBLY)

ARTA Membership No.	Group					Section		ARTA Benefits ID No.				
	1	9	9	3	0	A		4				

First Name(s)	Middle Name	Last Name

Mailing Address (including apartment/unit number)	Telephone Number

City/Town	Province/Territory	Postal Code	Cell Number

Date of Birth			Gender	Email Address
Year	Month	Day	<input type="checkbox"/> Male <input type="checkbox"/> Female	

2. SUPPLEMENTARY TRAVEL INSURANCE

What would you like to do?

1) Add Coverage: Single Couple Family 2) Update Travel Dates

Departure Date (YYYY-MM-DD)	Return Date (YYYY-MM-DD)	Total Number of Days

3) Terminate Supplementary Travel Insurance - Proof of departure and return is required for termination requests received after departure date, e.g., receipt, passport stamp, etc. with your name, date and location indicated.

Date of Termination YYYY _____ MM _____ DD _____

3. STAND ALONE TRIP CANCELLATION INSURANCE

Terminate Stand Alone Trip Cancellation Insurance

Date of Termination YYYY _____ MM _____ DD _____

4. CONSENT AND SIGNATURE

The Alberta Retired Teachers' Association (ARTA) and the Alberta School Employee Benefit Plan (ASEBP) require the personal information contained herein in order to administer the benefits plan. It may be necessary for ARTA/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 dependants' eligibility to receive 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 benefits plan, through me as the applicant.

X _____

Member Signature

Date

Please send your completed *Change Application* form to ARTA's plan administrator, ASEBP:

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