MEDAVIE BLUE CROSS™

APPLICATION FOR GROUP BENEFITS
(HEALTH & DENTAL)

644 MAIN ST PO BOX 220 MONCTON NB E1C 8L3
7 SPECTACLE LAKE DR DARTMOUTH PO BOX 2200 HALIFAX NS B3J 3C6
FOR ALL INQUIRIES: TEL 1-800-667-4511 FAX (506) 867-4651

IDENTIFICATION NUMBER: _____

Instructions
1 Please print all information in ink.
2 Employer to forward original and keep second copy.
3) Dependent status: E - Education, if dependent child is attending an accredited school, college or university
S - Special, if dependent child is physically or mentally disabled

If you now have Medavie Blue Cross Benefits - Please indicate	
Policy Number	Identification Number

Application for Benefits		
Coverage Applied For : ○ Single ○ Family	Basic Coverage Applied For: ○ Health ○ Dental	Language Preference ○ English ○ French

TO BE COMPLETED BY APPLICANT

51
Last Name

Address Street & No.

City or Town

Province

Postal Code | Telephone Number ( )

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Individual Registration

First Name Initial Surname (If different from applicant) *		Sex M/F	Birth Date DD	MM	YY	Dep. Status
	00					E - Student (College/ University) S - Disabled
	01					
	02					
	03					
	04					
	05					

* IF APPLICANT AND SPOUSE ARE NOT LEGALLY MARRIED, PLEASE PROVIDE COMMENCEMENT DATE OF CO-HABITATION. _____

COORDINATION OF BENEFITS

Do you or any of your dependents have other coverage under any other Insurer? ○ Yes ○ No **If Yes, complete the following:**

Name of the Other Insurer: _____ Effective Date of Coverage: _____

Identification Number/Certificate Number: _____ Policy Number: _____

Is the Coordination of Benefits Single Coverage or Family Coverage? Please indicate under "Type of Coverage" S for Single or F for Family for the applicable benefits.

Type of Coverage: All ☐ Hospital ☐ Extended Health Benefits ☐ Vision ☐ Drugs ☐ Dental ☐

WAIVER OF BENEFITS -I have been given the opportunity to apply for coverage but do not wish to participate, and understand that I will not be able to enrol in these plans at a later date without the mutual consent of my employer and Medavie Blue Cross.

○ **Waive Only** **Reason**
○ **Waive all Benefits**

Employee Signature _____ **Date** _____

I certify that all information contained hereon is correct and hereby authorize payroll deductions, if required. I authorize Blue Cross to collect, use and disclose my personal information as described on the reverse.

Employee Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER

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Name of Employer	Policy and Section Number	Class of Coverage - Health and/or Dental
Occupation		Coverage Effective Date DD MM YY

• Permanent Date Employed DD MM YY	Hours Worked / Week	• Payroll No. (maximum 9 positions) 1 2	Completed for Employer by Signature Date

PRIVACY STATEMENT

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada, may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me*, and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure.
I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

A photocopy of this authorization shall be as valid as the original. This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit www.medavie.bluecross.ca or call 1-800-667-4511.
*not applicable in Ontario or Quebec