

APPLICANT'S PERSONAL INFORMATION

Applicant's Last Name (Applicant must be age 16 or older): _____ First Name: _____

Language Preference: English French

*E-mail address: _____

Address (Street & No.): _____

City/Town: _____ Province: _____ Postal Code: [][][][][][]

Telephone No.: [][][][]- [][][][]- [][][][] HOME [][][][]- [][][][]- [][][][] WORK [][][][]- [][][][]- [][][][] MOBILE

*Your policy will be issued by email.

Requested Effective Date of Policy: Please begin my coverage on the 1st day of (month/year): _____

Do you currently have any health and dental coverage? Yes No

If yes, is this application intended to replace your current policy? Yes No

If this is replacing your current policy, please indicate your current policy information (optional):

Carrier: _____ ID Number: _____ Policy Number: _____

Health and Dental Benefits (Mandatory)	<input checked="" type="checkbox"/>
Prescription Drugs (Optional - choose one)	<input type="checkbox"/> Standard Drug Plan: \$1,000/Calendar Year
	<input type="checkbox"/> Premium Drug Plan: \$2,500/Calendar Year
Travel Benefit (Optional)	<input type="checkbox"/> Emergency medical travel insurance (17 days per trip)

First Name	Last Name	Sex M/F	Date of Birth DD MM YY	Please (✓) if you or your dependents DO NOT wish Drug coverage	Full-Time Student
Applicant	00				
Spouse**	01				
Child	02				
Child	03				
Child	04				
Child	05				

** Spouse shall mean an individual who is married to the applicant or resides at the same address as the applicant.

Are you and all listed dependents currently covered by a Provincial Health Plan in Atlantic Canada (Medicare in New Brunswick, Medical Services Insurance (MSI) in Nova Scotia, Hospital and Medical Services Ins. in Prince Edward Island or Medical Care Plan (MCP) in Newfoundland)?

Yes No If no, please explain: _____

AGREEMENT

I, the undersigned, hereby apply for the benefits offered under the Guaranteed Issue Health Plan from Medavie Blue Cross, as outlined in the Guaranteed Issue Health Plan policy. I confirm the information I have provided is accurate and truthful.

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 Medavie 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 Medavie 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.

Your personal information will be securely stored using information systems owned or managed by Medavie Blue Cross, its agents and/or its service providers, both inside and outside of Canada. All service providers and agents are contractually bound to protect the confidentiality of all personal information.

I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above.

Dated on this _____ day of _____ year _____ .

Signature of Applicant _____ Signature of Spouse / Cohabitant _____
 (as defined in policy)

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 Medavie Blue Cross's privacy policies, visit medaviebc.ca or call 1-800-667-4511.

FOR MEDAVIE BLUE CROSS USE ONLY

I.D. No.: _____ CASH OFFICE: Amount Received: _____ Agent Branch Client

