

elements

EASY STEPS to immediate coverage!

We make the process easy to get comprehensive
Drug & Health Insurance for you and your family.

1

Download and **print**
the application



2

Fill out and **sign**
the application



3

Send
the application



Email

bluecross@optimalquotes.ca

Fax

1 (888) 450 4950

Mail

425 Notre-Dame St.,
Dieppe NB E1A 9G4

Questions about the coverage? Please contact one of our
authorized Blue Cross agent directly at **1.888.506.1125**. We
will assist you in the application process or to obtain more
information about your options.

644 MAIN ST PO BOX 220 MONCTON NB E1C 8L3
230 BROWNLOW AVE DARTMOUTH PO BOX 2200 HALIFAX NS B3J 3C6
FOR ALL INQUIRIES: 1-800-667-4511

Please print in ink or type information.

APPLICANT'S PERSONAL INFORMATION

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

Language Preference: English French Occupation: _____

E-mail address: _____

Address (Street & No.): _____

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

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

How would you like us to contact you? E-mail Mail How would you like to receive your policy booklet? Electronic Print

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

Is this application intended to replace your current Medavie Blue Cross policy? Yes No

ID Number: _____ Policy Number: _____

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.

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 www.medavie.bluecross.ca or call 1-800-667-4511.

FOR MEDAVIE BLUE CROSS USE ONLY

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

