

PO BOX 220 MONCTON NB E1C 8L3 TEL: 1-800-667-4511 FAX: 506-869-9654

Employee Name: _____

Name of Applicant: _____

Policy No.: _____ ID No.: _____

**If the information supplied contains false or inaccurate statements,
any life insurance arising from this application will be null and void.**

1. Have you used nicotine or used any smoking cessation products in any form (including e-cigarettes)
in the last 12 months? ☐ yes ☐ no

If no, complete the following:

Have you ever used nicotine in any form? ☐ yes ☐ no

If yes, when did you stop? _____

I understand that the personal information I have provided herein is collected and used by Medavie Blue Cross to administer the terms of my policy or the group policy of which I am an eligible member, recommend suitable products and services that I am eligible for as a member of a policy, and other applicable purposes, as described in the Medavie Blue Cross Privacy Statement at medaviebc.ca.

Depending on the type of coverage I carry, limited personal information such as claim, health and/or financial related data may be collected from and/or released to following third parties as required for the purposes of administering and managing the benefits outlined in the policy of which I am an eligible member. These third parties may include healthcare providers, other insurance companies, regulatory authorities and investigative bodies, services providers, and/or the cardholder of any contract under which I am a participant.

Where allowed by law, my information may be shared with Medavie Blue Cross employees or service providers in jurisdictions other than where it was collected. If I am a resident of Quebec, this includes transferring or disclosing my personal information to Medavie Blue Cross employees or service providers outside of that province.

I understand that my consent is only valid for the time it is needed to achieve the purposes outlined herein, unless I withdraw it. I understand I may withdraw my consent at any time. However, in some instances doing so may prevent Medavie Blue Cross from providing me with certain products or services that may be useful to me and/or my dependents. This consent complies with federal and provincial privacy laws.

For more details about our information practices, including how your personal information is protected, how to access or correct personal information, or if you have concerns or questions, please see our Medavie Blue Cross Privacy Statement available at medaviebc.ca or call 1-800-667-4511.

Date: _____

Signature of Employee: _____ Signature of Applicant: _____