

644 MAIN ST PO BOX 220
MONCTON NB E1C 8L3
TEL: 1-800-667-4511 FAX: 1-506-869-9653
maax.policy.administrators@medavie.bluecross.ca

230 BROWNLOW AVE DARTMOUTH
PO BOX 2200 HALIFAX NS B3J 3C6
TEL: 1-800-667-4511 FAX: 1-506-869-9653
maax.policy.administrators@medavie.bluecross.ca

PO BOX 2000, 185 THE WEST MALL SUITE 1200
ETOBICOKE ON M9C 5P1
TEL: 1-800-355-9133 FAX: 1-506-869-9653
maax.policy.administrators@medavie.bluecross.ca

1981 MCGILL COLLEGE AVENUE, SUITE 100
MONTREAL, QC H3A 3A7
TEL: 1-888-588-1212 FAX: 1-514-286-8444
administration@medavie.bluecross.ca

1. TO BE COMPLETED BY THE EMPLOYER

Name of Employer: _____

Policy Number: _____ Division Number: _____ Class: _____

Permanent Date Employed (DD/MM/YYYY): _____ Eligible Date of Coverage (DD/MM/YYYY): _____

Occupation/Job Title: _____

Employee Payroll Number (if applicable): _____ Province of Employment: _____

Number of hours worked per week: _____ Salary (before deductions): _____

Frequency: ☐ Annual ☐ Monthly ☐ Weekly ☐ Bi-Weekly ☐ Hourly

Coverage: ☐ Employee only ☐ Employee and dependents ☐ Dependent(s) only (employee previously covered)

Type of Coverage: ☐ Single ☐ Couple ☐ Single Parent ☐ Family

Employment Type: ☐ Full Time Hourly ☐ Part Time Hourly ☐ Full Time Salary ☐ Part Time Salary ☐ Contract/Temporary

Employer Signature: _____ Date (DD/MM/YYYY): _____

2. EMPLOYEE AND FAMILY INFORMATION

Employee First Name: _____ Employee Last Name: _____

Former/Maiden Name (if applicable): _____ Sex*: ☐ Male ☐ Female ☐ Intersex ☐ Undisclosed

Language Preferred: ☐ English ☐ French Date of Birth (DD/MM/YYYY): _____

Current Address (Street & Number): _____

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

Telephone Number: _____ Employee E-mail Address: _____

Date of arrival in Canada (DD/MM/YYYY): _____ First day of work in Canada (DD/MM/YYYY): _____

Spouse (if applicable)

First Name: _____ Last Name: _____

Former/Maiden Name (if applicable): _____ E-mail Address: _____

Date of arrival in Canada (DD/MM/YYYY): _____

Sex*: ☐ Male ☐ Female ☐ Intersex ☐ Undisclosed Date of Birth (DD/MM/YYYY): _____

Date of co-habitation (if common-law) or marriage (DD/MM/YYYY): _____

Dependent Children (if applicable)

First Name	Last Name	Date of Birth (DD/MM/YYYY)	Sex* M/F/I/U	Date of arrival in Canada (DD/MM/YYYY)
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> I <input type="radio"/> U	
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> I <input type="radio"/> U	
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> I <input type="radio"/> U	
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> I <input type="radio"/> U	
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> I <input type="radio"/> U	
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> I <input type="radio"/> U	

* Sex: Male/Female/Intersex/Undisclosed - Why do we ask? Some health conditions are more likely to occur based on sex. As a result, sex is used to assess your coverage. We recognize that your sex may differ from your gender identity.

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3. DIRECT DEPOSIT

I may cancel this authorization at any time by giving 30 days written notice to Medavie Blue Cross.

Name(s) of Account Holder

(as it appears on the cheque): _____

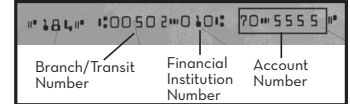
Name of Financial Institution: _____

Address of Financial Institution: _____

Financial Institution Number (3 digits): _____ Branch/Transit Number (5 digits): _____

Account Number (7 - 14 digits): _____

(If your Account Number starts with a zero, be sure to include the zero. Do not include dashes, hyphens or any other punctuation.)



4. PRIVACY CONSENT

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.

5. AUTHORIZATION

I certify that the information above is accurate and authorize payroll deductions, if required. I authorize Medavie Blue Cross and/or Blue Cross Life to collect, use and disclose my personal information as described in the Privacy Consent section above.

Employee Name (please print): _____

Employee Signature: _____ Date (DD/MM/YYYY): _____

Spouse Signature: _____ Date (DD/MM/YYYY): _____