

A APPLICATION INFORMATION

1 Application Date (yyyy-mmm-dd): _____ Program Effective Date (yyyy-mmm-dd): _____

B COMPANY INFORMATION

2 Client Name: _____

3 List policy number(s) to have Online Doctors added:

4 Should Online Doctors be added to ALL divisions/classes in above policies? Yes No (provide exceptions below or in Section F)

5 Total number of members eligible for Online Doctors: _____

6 When are new members eligible? Immediately upon hire Upon eligibility for Health Benefits (even if waived)

7 Are all members to have Online Doctors currently enrolled with Medavie Blue Cross? Yes No*
 *Accessing Online Doctors involves real-time eligibility verification. Members who are intended to have Online Doctors but who are not enrolled must be enrolled by the plan sponsor or Medavie Blue Cross.

8 Primary Contact (Receives all Online Doctors communications, educational materials and reports)
 Name: _____ Telephone Number: _____
 Email Address: _____

C PLAN MEMBER LOCATION

9 Complete the following table showing the approximate distribution of members by province. This information is required as physicians must be licensed in the patient's province of residence.

Number of Plan Members by Province							
Nova Scotia		New Brunswick		Prince Edward Island		Newfoundland and Labrador	
Quebec		Ontario		Manitoba		Saskatchewan	
Alberta		British Columbia		Yukon		Northwest Territories	
Total Number of Members:							

D SIGNATURE OF AUTHORIZED OFFICER

10 On behalf of the organization, I consent to the terms of Medavie Blue Cross' Online Doctors.

Application is hereby made to MEDAVIE BLUE CROSS for the Online Doctors product.

- i. This application must be accepted and the effective date approved by MEDAVIE BLUE CROSS;
- ii. Monthly fees apply to 100% of eligible members. Pricing is based on the number of eligible members (as detailed in Section B); but coverage is automatically extended to the plan members' eligible dependents.
- iii. The plan sponsor understands that only plan members enrolled with Medavie Blue Cross are eligible for Online Doctors for billing and eligibility verification purposes.

WE DECLARE that all statements, representations and answers made in this application are consideration for and a basis of the contract between us and MEDAVIE BLUE CROSS. We declare these statements, representations and answers to be true, full and complete. We agree that no other statement, representation or information will be binding upon or affect the rights of MEDAVIE BLUE CROSS. We agree to give MEDAVIE BLUE CROSS, on request, full information on each participant covered and eligible for coverage.

Authorized Officer

Print Name: _____ Title: _____

Signature: _____ Date Signed (yyyy-mmm-dd): _____

E TO BE COMPLETED BY MEDAVIE BLUE CROSS

11 Is this group new to Medavie Blue Cross? Yes No

12 Account Executive:

Name: _____ Email: _____

Account Associate:

Name: _____ Email: _____

Advisor/Consultant: Not Applicable

Name: _____ Email: _____

Company: _____ Agent/Broker Code Number: _____

Plan Sponsor/Member Contribution Percentage (if applicable): Plan Sponsor: _____% Member: _____%

13 Billing:

- Monthly Invoice** - Online Doctors will be added to the monthly Medavie Blue Cross invoice. Plan Sponsors are responsible for ensuring all members eligible for Online Doctors are properly enrolled.
- Self Billed** - The Plan Sponsor must remit, monthly, the fee for all employees covered by Online Doctors. Plan Sponsors are responsible for ensuring all members eligible for Online Doctors are properly enrolled.

14 Plan Management Details:

Product Version: Online Doctors Unlimited Online Doctors Lite

Account Manager Language Requirement: English Bilingual

List plan number(s) to have Online Doctors added:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F OTHER COMMENTS/INFORMATION

