MEDAVIE BLUE CROSS™
1981 MCGILL COLLEGE AVENUE, SUITE 100
MONTREAL, QC H3A 3A7

APPLICATION FORM

Policy Number: _____ Section Number: _____ ID Number: _____

COMPLETE ONLY AREAS AFFECTED BY THE CHANGE AND SIGN

Employee First Name: _____ Last Name: _____

Address (Street & Number) : _____

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

Date of Birth: _____ (DD/MM/YYYY) Telephone Number: _____ Language Preferred: ◯ English ◯ French

☐ **Coverage Revision**

Coverage Requested: ◯ Individual ◯ Single Parent* ◯ Family* ◯ Couple Effective Date of Change: _____ (DD/MM/YYYY)

*Please complete the following information

	First Name	Last Name	Date of Birth DD/MM/YYYY	Gender M/F	A - Add C - Change D - Delete
Spouse[1]				◯ Male ◯ Female	◯ A ◯ C ◯ D
Dependents				◯ Male ◯ Female	◯ A ◯ C ◯ D
				◯ Male ◯ Female	◯ A ◯ C ◯ D
				◯ Male ◯ Female	◯ A ◯ C ◯ D
				◯ Male ◯ Female	◯ A ◯ C ◯ D

[1]If the employee is adding a spouse, please provide us with the wedding date or the date of co-habitation for a marriage not legally contracted.
Date (DD/MM/YYYY): _____

◯ **New Weekly Salary:** Amount: $_____ Effective Date (DD/MM/YYYY): _____

◯ **Waiver of Benefits:**
- Since I am covered under my spouse's group policy, I want to waive the following benefit(s): ☐ Health ☐ Dental
- Insurance company of spouse's plan: _____
- Identification Number: _____

Participant's Signature: _____ Date (DD/MM/YYYY): _____

◯ **Return to participation to Health and/or Dental benefits after earlier waiver of benefits:**
Effective Date - Termination of spouse's coverage (DD/MM/YYYY): _____

◯ **Application for Optional Life Insurance:** Amount Requested: $_____ (Evidence of health form to be completed)

◯ **Temporary Layoff** ◯ **Authorized Leave of Absence** ◯ **Maternity or Parental Leave**
Effective Date of Leave (DD/MM/YYYY): _____ Expected Date of Return - Mandatory (DD/MM/YYYY): _____

◯ **Return to Work:** Date of Return (DD/MM/YYYY): _____

◯ **End of Employment** ◯ **Retirement** ◯ **Death**
Date of Event (DD/MM/YYYY): _____

Group Administrator's Signature: _____

Participant's Signature: _____

Date (DD/MM/YYYY): _____