

Medavie Blue Cross Health & Dental Application

Application deadline is the 8th of each month



New application

 Waive coverage

 Add/change coverage

Employee name:	Employee number:
Job start date: (DD/MM/YY)	Date of birth: (DD/MM/YY)
Address:	
City:	Province:
Postal code: X1X 1X1	Phone number: (XXX) XXX-XXXX

Do you and your dependants currently have provincial health care coverage?

Provincial coverage includes MSI, OHIP, MSP, Medicare, etc. The name of the program varies based on your province of residence. Coverage from any province is acceptable. Provincial coverage is required in order to be eligible for coverage under Blue Cross' group benefits plan.

Yes No

Coverage requested	Single	Family	
Health & travel <small>(mandatory, unless you have alternate coverage)</small>			<u>Add:</u> Add coverage or dependants
Dental <small>(optional)</small>			<u>Change:</u> Change coverage from single to family or vice versa
			<u>Remove:</u> Remove coverage or dependants; health and travel coverage can only be removed if you have alternate health coverage

Dependant information		Sex	Birthdate	Status
First name	Last name	Male/female/undisclosed	DD/MM/YY	Add/remove
Spouse:				
If Common-Law spouse, when did you begin living together (mm/yy)?				
Children:				

Type of life event: _____ **Date of event:** DD/MM/YY _____

Alternate coverage			
Do you currently have health coverage with another insurance carrier?			
If Yes, please indicate:			
Insurance carrier name	ID number	Policy number	
Is coverage being terminated? Yes No Date coverage terminates: DD/MM/YY			

Signature and authorization	
I certify that all information contained hereon is correct and, if applicable, authorize payroll deductions.	
_____ Employee signature	_____ Date signed (DD/MM/YY)
Please submit completed forms via scanned copy or clear photo to benefits@dal.ca for review and processing.	

<i>Internal use only: To be completed by Employee Benefits</i>		
Effective date: _____	Signature: _____	Date entered: _____