MEDAVIE BLUE CROSS™

STATEMENT OF HEALTH FOR DEPENDENTS

PO BOX 220 MONCTON NB E1C 8L3 TEL: 1-800-667-4511 FAX: 506-869-9654 E-MAIL: groupmedicalunderwriting@medavie.bluecross.ca

Employee Name: _____

Place of Birth: _____ Date of Birth: _____ (DD MM YY)

Address: _____

E-mail Address: _____

Daytime Contact No: _____ Policy No. _____ ID No: _____

DEPENDENT MEDICAL HISTORY - PLEASE COMPLETE THE FOLLOWING FOR YOUR DEPENDENTS TO BE ASSESSED

1.

First Name Surname	Birth Date DD	MM	YYYY	Height	Weight
Spouse				____ ft ____ in or ____ cm	____ lbs or ____ kg
Children				____ ft ____ in or ____ cm	____ lbs or ____ kg
				____ ft ____ in or ____ cm	____ lbs or ____ kg
				____ ft ____ in or ____ cm	____ lbs or ____ kg
				____ ft ____ in or ____ cm	____ lbs or ____ kg
				____ ft ____ in or ____ cm	____ lbs or ____ kg

PLEASE COMPLETE THE FOLLOWING FOR ANY LISTED DEPENDENT ABOVE WHO HAS CONSULTED A PHYSICIAN WITHIN THE LAST SIX MONTHS.

2.

Name of Dependent(s):				
Name of Physician:				
Date Consulted:				
Reason Consulted:				
Findings and Treatment:				

	YES	NO	REMARKS - Details of "YES" answers (Name of dependent, date, duration, results, names of physicians)
3. Has any listed dependent ever had or been treated for: (please circle applicable disorder) chest pain, heart disorder, high blood pressure, cancer or tumours, diabetes, arthritis, nervous disorder, lung disorder, stomach or liver disorder, kidney or urinary disorder?	☐	☐	
4. Do any of the listed dependents have any impairments, diseases or illnesses not named in question 3?	☐	☐	
5. Do any of the listed dependents have any condition or illness for which consultation or treatment is contemplated or has been advised?	☐	☐	
6. Are any listed dependents currently taking any medication? (If yes, please indicate reason, name, strength and quantity taken per month.)	☐	☐	
7. Has any listed dependent ever been tested for, counselled for, treated for or told he/she has AIDS (Acquired Immune Deficiency Syndrome), ARC (Aids Related Complex) or HIV (Human Immunodeficiency Virus) or any other immunological disorder?	☐	☐	

I, the undersigned, declare the answers to the above questions are complete and accurate and form part of an application for coverage with Blue Cross Life Insurance Company of Canada (Blue Cross Life) and/or Medavie Blue Cross. The information provided herein and collected in the future as part of the application process will be kept confidential and secure. This information will be used to determine eligibility for coverage, to administer the terms of my policy and to manage the Company's business. I authorize any physician, health practitioner, hospital, clinic, pharmacy, or other medical or medically related facility, insurance company, government or regulatory authority or other organization, institute or person, that has any records or knowledge of me or my health, to give Blue Cross Life, Medavie Blue Cross or their reinsurer any such information. I further authorize Blue Cross Life and Medavie Blue Cross to disclose this information to each other, their reinsurer or to any third party when required to determine eligibility of the application. Medical information may also be released to my personal physician or other medical practitioner. This consent is valid for as long as the contract is in force, unless I revoke it **in writing**. I understand I may revoke my consent at any time; however, if consent is withheld or revoked the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent. I can contact Medavie Blue Cross should I have questions as to the collection, use or disclosure of my personal information.

This consent complies with federal and provincial privacy laws. A photocopy of this authorization shall be as valid as the original.

Date _____ Signature of Employee _____

Spouse's Signature
(If spouse is applying) _____

Children's Signature
(If over 18 years) _____

Please note that we may follow up with you to collect more details.

FORM-049E 08/19