

● CHANGE IN COVERAGE

<input type="radio"/> Type of Coverage	<input checked="" type="checkbox"/> Add	<input checked="" type="checkbox"/> Delete
<input type="radio"/> Premium Drugs - \$2500		
<input type="radio"/> Travel		

Are all individuals to be covered under the personal health plan currently covered by a Provincial Health Plan in Ontario (OHIP)?

Yes No If No, please explain:

Add/Remove a Family Member

Change in Marital Status

Date of marriage or cohabitation _____

Note: if a spouse or dependent is added more than 60 days after the date of eligibility or if adding a common-law spouse, a completed application must be submitted.

Change in Dependent Status

First Name	Last Name	Sex* M/F/I/U	Date of Birth DD MM YY	Full-Time Student	A = Add C = Change D = Delete
Applicant	00				
Spouse/Cohabitant**	01				
Child	02				
Child	03				
Child	04				
Child	05				

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.

**Spouse shall mean an individual who is married to the applicant, or in a conjugal relationship for at least one year or resides at the same address as the applicant.

● CANCELLATION OF COVERAGE OR CHANGE APPLICANT

Request for Cancellation of Coverage

If cancellation, please check one of the following reasons:

Gone to Medavie Blue Cross group plan

Identification Number _____ Effective Date (DD/MM/YYYY) _____

Gone to another carrier (individual plan)

Gone to another carrier (group plan)

Moved - No longer require coverage

Deceased - Provide estate address and date of death

Other, indicate reason _____

Change of Applicant

Effective (date), _____

the Member under this identification number shall be deemed to be:

Name _____

Signature of prior applicant _____

Signature of new applicant _____

● REMARKS

● AUTHORIZATION OF CHANGE

I certify that all information is correct and hereby authorize Blue Cross to amend my policy accordingly.

Signature of Member or Power of Attorney

Date

