

## Application for Retired Employee Group Health Benefits – Province of Nova Scotia

Send completed form to [Benefits@novascotia.ca](mailto:Benefits@novascotia.ca) or Benefits Unit PO Box 943 Halifax NS B3J 2V9 or Fax 902 424 0756

### Section 1: Retiree Information

<b>Coverage Applied for:</b>	Single		Family		<b>Retiree ID</b>	
<b>Last Name</b>	<b>First Name</b>			<b>Initial</b>		
<b>Address</b>	<b>City/Town</b>			<b>Province</b>	<b>Postal Code</b>	
<b>Phone Number</b>	<b>Date of Birth (DD/MM/YYYY)</b>				<b>Gender</b>	

### Section 2: Eligible Dependents

Spouse Last Name	Spouse First Name	Initial	Gender	Date of Birth DD/MM/YYYY	Date of Cohabitation if Common Law
Child Last Name	Child First Name	Initial	Gender	Date of Birth	Status*

(\*) Dependent Status:

Student - If dependent child is over age 21 and attending an accredited school, college or university an Overage Dependent Form is required Disabled - if the dependent child is physically or mentally disabled (Medavie Blue Cross approval required)

Grandchild - Required approval by the plan administrator - Proof of financial dependence is required for coverage of a grandchild

### Section 3: Coordination of Benefits – complete if you or your dependents have coverage under any other insurer

<b>Name of other Insurer</b>	<b>Effective date of coverage</b>
<b>Identification/Certificate Number</b>	<b>Policy Number</b>
<b>Name of Cardholder</b>	<b>Date of Birth (DD/MM/YYYY)</b>

Indicate S for Single coverage or F for Family coverage where applicable

<b>All:</b>	<b>Hospital:</b>	<b>Extended Health:</b>	<b>Vision:</b>	<b>Drugs:</b>	<b>Dental:</b>
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### Section 4: Declaration and Authorization

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross may be collected, used or disclosed to administer the terms of my policy or the group policy of which I am eligible member, to recommend suitable products and services to me, and to manage Blue Cross' business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member. I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits consenting or refusing to consent to its disclosure. I certify that all information contained herein is correct and hereby authorize payroll deductions, if required. If applying for benefits for my spouse and/or dependents, I certify that I am authorized to release information concerning my spouse and/or dependents, for the purposes of administering and managing the benefit plan. A photocopy of this authorization shall be valid as the original. The consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit [www.medaviebc.ca](http://www.medaviebc.ca) or call 1-800-667-4511.

<b>Retiree Signature</b>	<b>Date (DD/MM/YYYY)</b>
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