

Province of Nova Scotia Pensioners - Application / Change Form For Health

Last Name (Please Print)	First Name	Initial

Address

City/Town	Province	Postal	Code

BIRTH DATE	COVERAGE REQUIRED	If Common Law, Provide Co-habitation Date
D D M M Y Y	SINGLE FAMILY	

Additional Health Coverage through (Name of Insurer and Status)	Effective Date	Policy / Subscriber Number
S ___ F ___	DD MM YY	

Dependents (Spouse and/or Dependent Children)		Date of Birth			PSC USE ONLY
Last Name	First Name	Relationship	DD	MM	
					<u>Pensioners SAP Id #</u>
					Subscriber Group
					<u>Effective Date:</u>

I certify that all information above is accurate and authorize payroll deductions.

Date Signed: _____
Signature of Pensioner

PLEASE RETURN TO: PSC Benefits (902) 424-3240 Nova Scotia Public Service Commission P. O. Box 943, Halifax, Nova Scotia B3J 2V9

PRIVACY STATEMENT

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 and/or Blue Cross Life Insurance Company of Canada, may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me*, and to manage Blue Cross's 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 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 of consenting or refusing to consent to its disclosure.

A photocopy of this authorization shall be as valid as the original. This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, www.medavie.bluecross.ca or call 1-800-667-4511.

*not applicable in Ontario or Quebec