

AUTHORIZATION & CONSENT

I/We "I" hereby declare that the statements made herein are true and complete. I understand that any misrepresentation on this application may void this policy. This application for insurance will form part of any policy of insurance issued by Saskatchewan Blue Cross in response to this application. I understand that any changes in health that occur prior to the effective date of this policy may impact my coverage.

I understand that my policy is subject to certain limitations and exclusions, including a pre-existing exclusion that may apply to medical conditions and/or symptoms that existed prior to my trip, and that, in the event of an accident, injury or illness, prior medical history may be reviewed.

I authorize that personal information may be collected, used or disclosed to administer the terms of my policy, to develop and recommend suitable products and services, and to manage the business of Saskatchewan Blue Cross and/or Blue Cross Life Insurance Company of Canada®.

I understand and authorize that limited personal information may be collected from and/or released to a third party. This includes other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, any Saskatchewan Health Agency including the Saskatchewan Prescription Drug Plan and Saskatchewan Health Registration, and other third parties when required to administer the benefits outlined in my policy.

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 Saskatchewan Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding the privacy policies of Saskatchewan Blue Cross and/or the collection, use or disclosure of my personal information, I may visit www.sk.bluecross.ca or call 1-800-USEBLUE®.

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

NOTICE TO APPLICANT(S): In the event an Out Of Province Benefits claim is submitted for a dependent age 16–17, the dependent will be required to sign the Declaration & Consent section on the claim form.

NOTICE TO BROKER: If this policy is sold other than in-person, the seller must indicate with signature that the Authorization & Consent was fully explained to the applicant(s).

Dated ____ / ____ / ____
YYYY MM DD

Dated ____ / ____ / ____
YYYY MM DD

Signature of Applicant or Broker

Signature of Spouse (if applicable) or Broker

sk.bluecross.ca
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