

Compulsory. Division Pays Premiums

**EMPLOYEE ASSISTANCE PROGRAM
Support Staff**

**BLUE CROSS
NON-PROFIT HEALTH SERVICE BY AND FOR MANITOBANS**

INDIVIDUAL APPLICATION FOR GROUP BENEFITS

For MBC Use Only	Your Manitoba Health Services Commission Number
SURNAME	EMPLOYEE NUMBER/S.I.N.
ADDRESS – STREET/BOX NUMBER	
CITY OR TOWN	PAYROLL NUMBER
POSTAL CODE	TELEPHONE NUMBER

EMPLOYED BY FRONTIER SCHOOL DIVISION DATE EMPLOYMENT STARTED _____

	First Name	Last Name (if different from applicant's)	Gender	Birth Date Day/Month/Year
Applicant*				
Spouse*				
Dependent Children*				
*As defined in your group agreement				

Are you presently a member of Manitoba Blue Cross Yes No

If yes, what is your Contract Number? _____

It is understood and agreed that the statements made on this Application are complete, true and correctly recorded; and no representations are made to induce the acceptance of the application for the coverage herein applied for.

The coverage will be effective only if this application is accepted by Blue Cross and such coverage shall not be effective prior to the effective date as outlined in the agreement between Manitoba Blue Cross and your employer.

Employees must enrol according to their true family status, listing all eligible dependants.

In order to protect the viability of these plans, employees enrolled in Supplementary Health Plans are not permitted to opt-out while still employed (except in the event of recently obtained duplicate coverage).

I hereby authorize any physician, dentist, pharmacist or other person, hospital or institution in the possession of pertinent records or information to release them to Manitoba Blue Cross except in the case of EMPLOYEE ASSISTANCE PLAN BENEFITS.

This application, if and when accepted by Manitoba Blue Cross and the identification certificate together with the terms and conditions prescribed from time to time shall constitute the entire agreement between us.

APPLICANT'S SIGNATURE _____ DATE _____

FOR BLUE CROSS USE ONLY

GROUP	ROLL	EMPLOYEE NUMBER	COVERAGE EFFECTIVE DAY/MONTH/YEAR	APPLIED AMOUNT

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