

www.medavie.bluecross.ca

644 MAIN ST PO BOX 220 MONCTON NB E1C 8L3 TEL: 1-800-667-4511 FAX: 1-506-869-9653 EMAIL: MAAX.Policy.Administrators@medavie.bluecross.ca



APPLICATION FORM - EMPLOYEE BUSINESS TRAVEL - POLICY NUMBER 01420-000

Please complete the following form to receive your Business Travel Card, for health coverage while traveling out of province while representing the Province of New Brunswick. This coverage does not apply to any dependents who may travel with you. Return the completed form to Medavie Blue Cross for processing (contact information referenced above.)

Complete ONLY if: You do not have Province of New Brunswick health insurance coverage or, you have Travel coverage and that coverage is provided by an employer other that the Province of New Brunswick.

Please be sure to check the Government website travel.gc.ca/travel/advisories for any travel warnings, prior to travel. You may also contact Medavie Blue Cross at 1-800-667-4511 with any questions.

First Name:	Last Name:		
Gender: O Male O Female	Birth Date:	(DD/MM/YYYY)	
Mailing Address:		,	
<u> </u>	Province:	·	
•	Email Address:		
Language: O English O French			
2 PRIVACY CONSENT —			
Blue Cross and/or Blue Cross Life Insural group policy of which I am an eligible mer on the type of coverage I carry, limited pe Blue Cross organizations, health care pro	n provided herein, as well as any other personal information noe Company of Canada, may be collected, used, or disclember, to recommend suitable products and services to me, ersonal information may be collected from and/or released to offessionals or institutions, life and health insurers, governm manage the benefits outlined in the policy of which I am an	sed to administer the terms of my and to manage Blue Cross's busin to a third party. These third parties ant and regulatory authorities, and	policy or the ness. Dependir include other
some instances doing so may prevent Blu	n will be kept confidential and secure. I understand that I muse Cross from providing me with the requested coverage of		
information is needed and I am aware of t	the risks and benefits of consenting or refusing to consent		0.00
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