

**RETIREE BENEFIT PLANS
LATE APPLICATION FORM**



Important Informations

- Retirees who worked for the New Brunswick Public Service at the time of their retirement are eligible to apply as late applicants.
- The late application process for Health and Travel coverage requires a [Statement of Health for Retirees](#) be completed and submitted to the insurer with the present form. It can take up to three (3) months before you receive the medical underwriting decision. If approved, the Health and Travel coverage will be effective on the decision date by medical underwriting and the premiums will be deducted the first of the following month.
- Travel insurance coverage is only available with health coverage. If selecting travel, ensure you choose the same coverage (Single or Family) that you selected for your health coverage. If you are adding travel coverage only, you will not need to submit the Statement of Health for Retirees.
- If you already have coverage and wish to add a spouse and/or a dependent, they will also be considered as late applicants and need to complete a [Statement of Health for Retirees](#) and submit it with the present form.
- Surviving spouses of a PNB Retiree cannot add new spouses or dependents that have been acquired through re-marriage.
- You can apply as a late applicant for the Dental coverage if you retired on or after January 1, 2024. The dental coverage will become effective, and premiums will be deducted starting from the first of the following month. Please note, for all late applicants there is a maximum reimbursement, per participant, of \$100 for all eligible dental expenses for the first 12 months of coverage.

Requesting	Health and Travel	Health Only	Adding Travel <small>(only if already have Health coverage)</small>	Dental
Enrolment Retiree Only (Single coverage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrolment Retiree + 2 or more dependents (Family coverage) <i>*Family coverage includes the retiree + any number of eligible dependents.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding one or more dependents <i>*Retiree already has coverage and wants to add an eligible spouse and/or dependents.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retiree Information

Last Name	First name Middle Initial(s)	Date of Birth (DD-MM-YY)	M/F	Telephone Number
Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Address (Street & No.) City or Town Province Postal Code Email Address			
Name of your PNB employer at the time of your retirement:			Retirement Date:	
If you are already participating in the PNB Retiree Benefits Plans, please provide:		Blue Cross ID Number	Blue Cross Policy Number	

Dependent Information (for family coverage only)

Last Name	First Name	Middle Initial(s)	Date of Birth (DD-MM-YY)	M/F	If Dependent Child is age 21 or older	
					Full-time Student	Special Dependent
Spouse					<input type="checkbox"/>	<input type="checkbox"/>
Children					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Complete if enrolling/adding a spouse	
If married, provide date of marriage (DD-MM-YY):	If common-law, provide date co-habitation began (DD-MM-YY):
Complete if dependent child is 21 years of age or older	
If Full-Time Student:	Name of accredited school, college or university School Term (DD-MM-YY) From: To:
If Special Dependent:	Coverage is subject to approval by Medavie Blue Cross (MBC). The Special Dependent Questionnaire located at www.medaviebc.ca/en/resources must be completed and emailed, mailed or faxed to MBC.
Privacy Consent and Authorization (Employee Signature is Required)	
<p>PRIVACY CONSENT: 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 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.</p> <p>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.</p> <p>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, visit www.medavie.bluecross.ca or call 1-800-667-4511.</p> <p>AUTHORIZATION: I certify that the information above is accurate and authorize premium deductions, if required. I authorize Blue Cross to collect, use and disclose my personal information as described in the Privacy Consent section above.</p>	
Retiree Signature: _____ Date: _____	
Pre-Authorized Debit/Chequing	
Pre-authorized Debit (PAD) Authorization: Attach a void cheque.	
Financial Institution (FI): _____ Telephone Number: _____ Address: _____ City/Town: _____ Province: _____ Postal Code: _____	
<p>CONSENT: I/We authorize Medavie Blue Cross and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for recurring payments and/or one-time payments, from time to time, for payment of insurance premiums. Regular monthly payments will be debited to my/our specified account on the first business day of every month. Medavie Blue Cross will not provide monthly notification but will provide 30 days' notice if the deduction is subject to change. Medavie Blue Cross will obtain my/our authorization for any other one-time or sporadic debits. Medavie Blue Cross requires written notification of any changes to banking information.</p> <p>This authority is to remain in effect until Medavie Blue Cross has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled. This notification must be sent to the Administration Department of Medavie Blue Cross.</p> <p>I/We may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.</p> <p>I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.</p>	
Signature(s) of Bank Account holder(s): _____ Date: _____	

Send completed form to:

Medavie Blue Cross
644 Main Street, P.O. Box 220
Moncton, NB E1C 8L3
Fax: (506) 869-9653
or by email to: MAAX.Policy.Administrators@medavie.bluecross.ca

For inquiries about the Retiree Benefits Plans, please contact the Member Services team at Vestcor, our Plan's Administrator, at 1-800-561-4012 or 506-453-2296 or refer to the Benefit Booklet for Retirees at www.gnb.ca/employeebenefits.