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**APPLICATION FOR BENEFITS
 EMPLOYEE STATEMENT
 Page 1 of 2**

Complete the fields below with accurate information to the best of your ability. It is an offence to make a false or misleading statement in an application for benefits. Missing or inaccurate information could result in a delay in processing your application.

Notify Saskatchewan Blue Cross of any changes that may affect your eligibility for benefits, including an improvement in your medical condition, a return to work, and/or entry into training or rehabilitation programs.

Name _____ Male Female
Last First Initial

Date of Birth _____ Social Insurance Number _____
YYYY MM DD

Address _____
Street/PO Town Province Postal Code

Telephone _____ Email Address _____

What is the nature of your medical condition? _____

If your condition is due to an accident, provide details including date. _____

What is the current treatment? _____

What medication are you currently taking? _____

State the reason(s) this condition is preventing your return to work. _____

Have you ever had a similar condition? Yes No If yes, state when and provide details. _____

Do you have any other medical condition(s) at this time? Yes No If yes, describe. _____

When do you expect to return to work? _____

Provide the name of the physician who is currently providing treatment for this condition, and the name of all medical practitioners who have treated you in the last 3 years. (Please attach a list if more space is required.)

Physician or Hospital Name and Location	Reason	Date of First Visit YYYY MM DD	Date of Last Visit YYYY MM DD

Are you receiving or have you applied for accident or disability benefits from other sources, e.g., CPP/QPP, your provincial workers' compensation authority, automobile insurance, insurance companies, government agencies?

Name of Source	Date of Application YYYY MM DD	Benefit Amount	Frequency of Payment	Benefit Start Date YYYY MM DD	Benefit End Date YYYY MM DD

AUTHORIZATION

I, the undersigned, declare that my answers are complete and accurate, and form part of an application for benefits with Saskatchewan Blue Cross and/or Blue Cross Life Insurance Company of Canada®. I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Saskatchewan 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 of the group policy of which I am an eligible member, to develop and recommend suitable products and services to me and to manage the Company'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 include other Blue Cross® organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, the Medical Information Bureau, government and regulatory authorities, any Saskatchewan Health Agency including the Saskatchewan Prescription Drug Plan, the policy holder or certificate holder of any policy under which I am a participant, and other third parties when required to administer the benefits outlined in my policy or the group 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, if consent is withheld or revoked, coverage may be denied or rescinded. 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 Blue Cross and/or the collection, use or disclosure of my personal information, I can visit www.sk.bluecross.ca or call 1-800-USEBLUE®.

Dated this _____ day of _____ 20_____

Signed _____
Employee Signature

Witness _____