Claims processed by
PACIFIC BLUE CROSS™

BC Life®

for PBC office use only

Application for Group Benefits Program

Benefits provided by
HEALTHCARE BENEFIT TRUST
HBT
BENEFIT FROM EXPERIENCE

Mailing Address:
PO Box 7000, Vancouver, BC V6B 4E1
Street Address:
4250 Canada Way, Burnaby, BC
Fax: 604 419-2149

☐ New applicant
☐ Reinstatement

Employer/Plan Administrator — complete this section	
Policy 50000	**Eff. date (mm/dd/yyyy)**
☐ Dental	
☐ EHC	
☐ Group Life ☐ AD&D ☐ LTD ☐ Dep. Life	
Benefits ID #	

Applicant – Complete this section

First name	Last name	Middle initial	Sex ☐M ☐F	Birthdate (mm/dd/yyyy)

Address	City	Province	Postal code

Email address

	First name	Last name	Middle initial	Birthdate (mm/dd/yyyy)	Sex	Relationship to you
Spouse					☐M ☐F	☐Married ☐Common-law
1st child					☐M ☐F	
2nd child					☐M ☐F	
3rd child					☐M ☐F	
4th child					☐M ☐F	

If child is over plan's age limit (e.g., 19 or 21) and attending school full-time, attach HBT application for over-age dependent. If child is disabled, state details of disability to apply for coverage beyond plan's age limits. Attach completed Disabled Dependent Application.

Were you or your dependents covered within the last 6 months, or are you presently covered, under another group plan? ☐Yes ☐No If yes, provide:

Insurance company	Name of cardholder of other plan	Group/policy number	Effective date	ID number

Employment type: ☐Regular full time ☐Regular part time ☐Retiree

Benefits covered under other plan: ☐EHC ☐Dental	Is the plan still active? ☐Yes ☐No If no, state termination date:	(mm/dd/yyyy)

Employer / Plan Administrator – Complete this section

Name of organization	Division	Sub-Division	Class code

Applicant's occupation	Employment type: ☐Regular full time ☐Regular part time ☐Casual

Date of employment (mm/dd/yyyy)	Date of eligibility (mm/dd/yyyy)	Date of rehire/return from leave (mm/dd/yyyy)	Monthly contributory earnings $ _____	Hours worked per week

How can we contact you if we have questions?	Name	Phone (ten digits)	Email address

I agree to the conditions of the contract between the Healthcare Benefit Trust (the Trust) and Pacific Blue Cross (PBC). If the contributions or a portion are employee-paid, I authorize my employer to deduct the required contributions from my earnings. I understand that the Trust uses my Social Insurance Number to create a Benefits Identification Number that is unique to me, and that is used to identify me and to administer the benefit plan. I confirm that the information I have provided is true and complete. If I should receive a settlement or a judgment against a liable third party for benefits covered under my group plan, I agree to, and authorize the third party to, reimburse PBC up to the amount advanced to me pending such settlement or judgment.

I understand and consent that some of the personal information provided by me and my dependents under this group plan may be disclosed to agents and representatives of PBC as claims paying agent under this group plan. I understand and consent that some of my personal information may be exchanged with agents and insurers retained by the Trustees of the Trust who administer other benefits provided by the Trust, to the extent that such disclosure is reasonably necessary to administer those other benefits, for example to verify my coverage under this group plan. I understand and consent that the personal information provided by me and my dependents under this group plan may be disclosed to the Trustees of the Trust and their agents. I understand that PBC will not disclose the personal information provided by me and my dependents under this group plan to my employer except to the extent that such disclosure is required for the purposes of having my employer complete this form, and except when required or permitted by law. I understand that PBC shall collect, use and disclose personal information in accordance with its privacy policy. A copy of the privacy policy is available by contacting PBC. It is also available at www.pac.bluecross.ca.

Signature of applicant	Date (mm/dd/yyyy)	Signature of employer	Date (mm/dd/yyyy)

CARESnet® provides Pacific Blue Cross members with secure online access to their personal health and dental benefit information. Visit www.pac.bluecross.ca today.

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