PACIFIC BLUE CROSS™ BC Life®

DO NOT WRITE IN THIS SPACE

REQUEST TO WAIVE WAITING PERIOD

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-2149 | enrollment@pac.bluecross.ca

Please complete this form and submit it along with the Application for Group Benefits form.
Incomplete information may delay the processing of your form.

PART 1 — GROUP/EMPLOYEE INFORMATION

Name of company/organization		Policy number	ID number
Division	Sub-division	Class	Section ID

First name	Last name	Middle initial	Date of hire (mm-dd-yyyy)

PART 2 — BENEFITS AND WAITING PERIODS

Check all relevant boxes:

☐ Dental care ☐ Extended health care ☐ Life/Accidental death & disability	☐ Critical illness ☐ Short-term disability ☐ Long-term disability	☐ Dependent life

PART 3 — REASONS FOR CONSIDERATION

Check any options that apply:

☐ Key employee: ☐ Executive ☐ Manager ☐ Other: _____

☐ Change in employment status — For example, when an existing employee who worked on a part-time or contract basis is hired in a capacity that makes him/her eligible for group plan coverage. Give all details of previous employment (i.e., number of hours worked per week, since when, etc.):

_____

_____

_____

_____

☐ Other (please give details):

_____

_____

_____

☐ Have any claims already been incurred, or are there any significant claims pending? ☐ Yes ☐ No
If yes, give details:

_____

_____

_____

_____

I confirm that this employee is actively at work and, to my knowledge, in good health:

Employer/Plan administrator's signature **X**	Date (mm-dd-yyyy)

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MAIL YOUR FORM
Pacific Blue Cross
PO Box 7000, Vancouver, BC V6B 4E1

DROP IT OFF
4250 Canada Way
Burnaby, BC V5G 4W6

FAX IT
604 419-2149

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