

**Enhanced Conversion Plan  
Application Form**

**Broker ID**  
**WE00**  
*(for Broker/Agent use only)*

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**PART 1 Particulars of Forum Member**

Full name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_  
Last name First name Initial (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone number \_\_\_\_\_ Care Card number \_\_\_\_\_

Email address \_\_\_\_\_

**PART 2 Dependents (Complete this section only if you are applying for couple or family coverage)**

Surname	First Name	Middle Initial	Birth date <small>(mm/dd/yyyy)</small>	Care Card number
Spouse: _____	_____	_____	_____	_____
Child: _____	_____	_____	_____	_____
Child: _____	_____	_____	_____	_____

**PART 3 Beneficiary Designation (consider naming a trustee if beneficiary is a minor)**

I hereby designate \_\_\_\_\_ my \_\_\_\_\_ (state relationship) as revocable beneficiary in the event of my death.

I hereby appoint \_\_\_\_\_ as trustee to receive any amount due my beneficiary under age 18.

**PART 4 Application Status (Check your selection and indicate when coverage is required).**

I am converting my PBC group plan which terminated on \_\_\_\_\_ (mm/dd/yyyy)  
 Name and group number of plan \_\_\_\_\_

I am converting from a non-PBC group plan which terminated on \_\_\_\_\_ (mm/dd/yyyy)  
 Previous insurance plan was with \_\_\_\_\_ Plan number \_\_\_\_\_

*(You must be converting from a previous group plan to qualify for the Conversion Rates that include pre-existing conditions)*

**PART 6 Contribution Options and Banking Arrangements**

I prefer to pay annually by cheque.

Enclosed is my cheque for \$ \_\_\_\_\_

I prefer to pay annually by credit card in the amount of \$ \_\_\_\_\_ Please indicate Credit Card:

VISA       MasterCard

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

I prefer to pay monthly. (If you are converting from a PBC group plan, your first cheque must cover the period from the date your group coverage terminated (i.e., up to three months' contribution). If you are a new applicant, your first cheque should be equivalent to the first months' contribution.

By providing my banking details below, I authorize my bank/financial institution to allow (CAUS) Canadian Administrative Underwriting Services Inc./WE Consulting & Benefits Services Ltd. (WECBS), to withdraw monthly contributions from my chequing account beginning the 1st day of \_\_\_\_\_, 20 \_\_\_\_\_. Each monthly contribution in my first year of coverage shall be in the amount of \$ \_\_\_\_\_. Thereafter, the monthly contribution may increase or decrease for each subsequent 12 month period effective on the anniversary date of my participation in this plan. Unless I instruct otherwise, CAUS/WEBC shall be authorized to withdraw the relevant contribution each month.

Name of bank/financial institution \_\_\_\_\_ Account number \_\_\_\_\_

Full address of branch: \_\_\_\_\_

Branch number \_\_\_\_\_ Institution number \_\_\_\_\_ Tel: \_\_\_\_\_

Signature of account holder(s): \_\_\_\_\_

**Part 7 Pre-existing Conditions**

Below is a list of conditions that are currently under treatment or medication for all applicants and/or dependants.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that I have no pre-existing conditions prior to the date of application.

**Part 8 Signature of Applicant**

Any information provided by me in relation to this contract or any other contract with PBC/BC Life or a Blue Cross organization may be used by you in adjudicating claims for me and my dependents.

A copy of the PBC/BC Life privacy policy is available by contacting PBC/BC Life. It is also available at [www.pac.bluecross.ca](http://www.pac.bluecross.ca).

I confirm that the information provided is true and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

Signature of Agent: \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

Please enclose your payment payable to Pacific Blue Cross with this Application and mail to  
**Canadian Administrative Underwriting Services Inc. #105 – 251 Lawrence Avenue, Kelowna, BC V1Y 6L2**

**Contact Information - 1 855 894-8111**

*Thank-You*