

CONVERSION PLAN APPLICATION

- INSTRUCTIONS**
1. Print in ink or type information.
 2. Include all eligible members of your family on this application.
 3. * A dependent is the applicant's spouse, unmarried child up to 18 years of age or 25 years of age if enrolled in full-time education, or an infirm child unable to leave the applicant's care. Indicate **D** if physically or mentally disabled. For dependents 18 and over, indicate **S** if a full-time student.
 4. Only **permanent** residents of Saskatchewan applying within 31 days of leaving a terminated Blue Cross or group plan are eligible for coverage.

5. ALL APPLICANTS ARE REQUIRED TO COMPLETE PARTS I, II, III, IV AND VI.
6. Complete **PART V DETAILED MEDICAL INFORMATION** if you did not have Health Benefits or Prescription Drugs at time of group plan termination, or if you are applying for Optional Benefits Hospital Cash or Critical Conditions. Failure to complete for all applicants may result in unnecessary delays.

FOR BLUE CROSS AND BROKER USE ONLY

Application Number	
Broker Number	Broker/Rep Name

PART I BASIC INFORMATION

Applicant Last Name		First Name		Have you had or do you currently have Blue Cross coverage? Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Policy No. _____ Do you or any member of your family have coverage with another insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Company Name _____
Mailing Address				
City or Town		Home Phone Number		
Province	Postal Code	Daytime Phone Number		
Email		Cell Phone Number		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> No. of Dependent Children _____		Occupation		
Are you a permanent resident of Saskatchewan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

INDIVIDUAL REGISTRATION

Last Name	First Name & Initial(s)	Sex M/F	Birth Date			S or D*	Sask. Health Services #	Height**	Weight**	Physician
			Yr.	Mo.	Day					
Applicant										
Spouse										
Children										

** Indicate the measurement used for height (feet and inches or cm) and weight (kg or lbs).

PART II COVERAGE REQUESTED

<input checked="" type="checkbox"/> Core Health Benefits AMOUNT \$ _____ OPTIONS: <input type="checkbox"/> Prescription Drugs \$ _____ <input type="checkbox"/> Dental \$ _____ <input type="checkbox"/> Hospital Cash \$ _____	Critical Conditions <input type="checkbox"/> \$25,000 Option \$ _____ <input type="checkbox"/> \$10,000 Option \$ _____ <input type="checkbox"/> VIP Annual Travel Plan \$ _____ <input type="checkbox"/> Term Life Insurance <i>(complete enclosed form)</i>	<input type="checkbox"/> Student Accident Insurance AMOUNT \$ _____ <input type="checkbox"/> \$10,000 Life Option \$ _____ <input type="checkbox"/> \$5,000 Life Option \$ _____ <input type="checkbox"/> Double-up Option \$ _____ Monthly Premium TOTAL \$ _____ Annual Premium TOTAL \$ _____ x12
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PART III METHOD OF PAYMENT

Payment of annual premium is required with application unless paying by credit card or PAD.

<input type="checkbox"/> Pre-authorized Debit (PAD)	Please complete the enclosed PAD Agreement
<input type="checkbox"/> Annual Billing	Payable by cheque or credit card

PART IV DETAILS OF PREVIOUS PLAN

For those applicants converting from an Employer Benefits Plan other than a Blue Cross plan, a minimum of 6 months continuous group coverage is required to qualify. Please complete all fields in the section below.

Name of Insurance Company _____ Employer _____

Employer Contact/Plan Administrator _____ Employer Phone # _____

Policy # _____ ID/Certificate # _____

Effective date _____ / _____ / _____ Termination date _____ / _____ / _____
Year Month Day Year Month Day

Benefits included under previous plan Extended Health Prescription Drugs Dental

The information you provided above will be verified by Saskatchewan Blue Cross.

PART V DETAILED MEDICAL INFORMATION

1. Have you or any listed persons **EVER** consulted a physician, been treated for or had any indication of:
- | | | | |
|---|--|--|--|
| A. Heart, chest pain, circulatory trouble or elevated cholesterol | <input type="checkbox"/> Yes <input type="checkbox"/> No | J. Respiratory or lung disorder (including asthma, COPD, emphysema) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. High blood pressure, stroke, blood disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | K. Disease or disorder of the reproductive system, or infertility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Cancer, tumor or leukemia | <input type="checkbox"/> Yes <input type="checkbox"/> No | L. Chronic conditions, i.e., pain, headaches/migraines, seizures, paralysis or Parkinson's disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Diabetes/impaired glucose, Crohn's or Colitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | M. Skin disease or disorder (including acne) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. AIDS, positive HIV test or other immunological disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | N. Recurrent infections | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Alcohol or drug abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No | O. Multiple Sclerosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Stomach, intestinal, liver, kidney or bladder disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | P. Hearing disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Bone or joint disorder (including arthritis) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| I. Mental, nervous or emotional disorder (including depression) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If you answered YES to any of the above questions, please provide details below.

PERSON'S NAME	CONDITION	DATE FIRST TREATED	DURATION OF TREATMENT	TYPE OF TREATMENT	RESULTS OF TREATMENT/ EXTENT OF RECOVERY

2. Have you or any listed person taken any prescription medication for any reason in the last 6 months or have a prescription for which refills are currently authorized (including oral medication, serum, injection, drops, creams and suppository forms)? Yes No

If you answered YES to the above question, please provide details below.

PERSON'S NAME	PRESCRIPTION NAME	STRENGTH	QUANTITY TAKEN	COST PER MONTH	NO. OF REFILLS/YR.	REASON

3. Have you or any listed persons used tobacco products in the last 12 months? Yes No If yes, please indicate name(s) of person(s).
- _____

4. Within the last 3 years, have you or any listed persons been hospitalized? Yes No
If yes, please indicate name(s) of person(s) and answer the following questions: *Date? Duration? Reason? Name of Physician? Result?*
- _____
- _____
- _____

5. Do you or any listed person have a physical impairment, disease or disorder not stated above? Yes No
If yes, please indicate name(s) of person(s) and provide details. _____
- _____

6. Do you or any person listed have any symptom or complaint regarding your health for which you have not yet consulted a physician, or do you currently have any referral, test or investigation contemplated or pending but not yet completed, or are you expecting to be hospitalized in the next year (surgery, pregnancy, etc.)? Yes No If yes, please indicate name(s) of person(s) and provide details.
- _____
- _____

PART VI AGREEMENT AND CONSENT

I, the undersigned, declare that the answers to the above questions are complete and accurate and form part of an application for coverage with Saskatchewan Blue Cross and/or Blue Cross Life Insurance Company of Canada. I understand that any injury that occurred on or before the date of this application or any sickness, the signs of which appeared on or before the date of this application, will not be covered unless fully disclosed on this application. The discovery of facts known by me or my eligible dependents but not stated in this application could result in the cancellation or modification of coverage or the denial of a claim. All information provided herein and collected in the future as part of the application process will be used to determine eligibility for coverage and will be kept confidential and secure.

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 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, government and regulatory authorities, 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®.

I acknowledge that this application is subject to approval by Saskatchewan Blue Cross and/or Blue Cross Life Insurance Company of Canada and is not a contractual obligation. No insurance will take effect unless and until a policy is issued.

Signature of Applicant _____

Signature of Spouse _____

Date _____

A photocopy of this authorization shall be as valid as the original. This consent complies with federal and provincial privacy laws.



Saskatoon Office
516 2nd Avenue North
PO Box 4030
Saskatoon SK S7K 3T2
306.244.1192

Regina Office
100-1870 Albert Street
Regina SK S4P 4B7
306.525.5025



www.sk.bluecross.ca

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PLEASE INSERT POLICY NUMBER

1. CUSTOMER INFORMATION (please print)

Name
Street Address
City Province Postal Code
Home Phone Number Work Phone Number Cell Phone Number
Email Address

2. ACCOUNT INFORMATION

Branch Transit Number Financial Institution Number Account Number

Please attach a personalized cheque marked VOID or a Pre-authorized Debit Form completed by your financial institution.

Financial Institution Name & Branch Address

3. CONSENT & AGREEMENT

- I authorize Saskatchewan Blue Cross to debit the bank account identified above in the amount of \$...
These services are for (check one) Personal Business
I may revoke my authorization at any time by submitting written notice to Saskatchewan Blue Cross at least ten (10) business days before the next debit date.

Signature of Account Holder
Name (please print)
Date

Signature of Joint Account Holder (if applicable)
Name (please print)
Date

- I have certain recourse rights if any debit presented by Saskatchewan Blue Cross does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

4. SUBMIT THE COMPLETED FORM TO Saskatchewan Blue Cross
516 2nd Avenue North
PO Box 4030
Saskatoon SK S7K 3T2
Phone 306.244.1192
Fax 306.652.5751

CONVERSION
PERSONAL HEALTH PLANS

Health Insurance



TRUE BLUE DIFFERENCE®

You've taken the first step by coming to us, and we're here to ensure you have an exceptional experience.

We love what we do, we're passionate about the services and products we offer, and we care about the people we work with every day—our customers, our colleagues, our communities.

Because in the end, it comes down to what really matters . . . caring for you.

That's the True Blue Difference.



Conversion Plans

Leaving an Employer Benefits Plan? Take advantage of the opportunity to convert your coverage!

Who should apply?

- Individuals, couples or families
- Retirees
- Employees leaving an Employer Benefits Plan
- Seasonal or employees experiencing layoffs

How do I convert my benefits?

Simply apply within 31 days of leaving an Employer Benefits Plan and we'll transition your Health, Prescription Drugs, Dental and Travel benefits into a new Conversion Plan.

Why apply now?

The transition is easy and hassle-free, and you'll experience no interruption in health benefits. If you wait until after the 31 days you will be required to complete a medical questionnaire.

When does coverage take effect?

Your coverage is effective on the first of the month in which your previous Employer Benefits Plan coverage ends.

Core Health Benefits

Please note that certain exclusions and limitations may apply to your Conversion Plan. Coverage may differ from your Employer Benefit Plan.

Ambulance

- Unlimited emergency trips to hospital

Hospital

- Preferred accommodations
- In-hospital drugs
- Maximum 30 days

Private Duty Nursing

- 80% up to \$2,500

Accidental Dental

- Unlimited coverage for accidental damage to natural teeth

Medical Equipment

- Rental of wheelchair, hospital bed, patient walker and/or oxygen equipment
- Purchase of wheelchair or hospital bed, 80% to a maximum of \$500; walker, 80% to a maximum of \$300
- Combined lifetime maximum is \$1,500

Hearing Aids

- Up to \$500 in a 5-year period
- Up to \$500 per dependent child in a 3-year period
- 12-month waiting period

Prosthetic & Medical Appliances

- Artificial eyes, limbs, crutches, casts, braces, wigs, etc

Breast Prosthesis

- Unlimited, one in a 24-month period

Diabetic Supplies & Equipment

- Up to \$300

Ostomy Supplies

- Up to \$300

Health Practitioners

- Up to \$200 per specialty for chiropractor, chiropodist/podiatrist, physiotherapist/athletic therapist, registered massage therapist, clinical psychologist, naturopath and acupuncturist

Orthopaedic Shoes & Supplies

- 80% up to \$200

Blood Pressure Monitors

- One in a 5-year period

Mobility Aids

- Unlimited

Vision Care

- Up to \$50 for one eye examination in a 24-month period
- Up to \$50 for prescription eyewear in a 24-month period

Out-of-Province Referral Services

- Lifetime maximum of \$50,000 for pre-approved medical services not available in Saskatchewan

Out of Saskatchewan (Within Canada) Emergency Services

- Unlimited coverage of emergency hospital and medical benefits

Funeral Expense (age 65 and over)

- Up to \$4,000 when death is accidental

Accidental Death & Dismemberment (under age 65)

- Maximum amount payable: \$25,000 for policyholder and/or spouse; \$5,000 for each dependent child

Optional Benefits

Choose any or all of the following benefits to personalize your Conversion Plan.

PRESCRIPTION DRUGS

Choose this benefit to help keep your prescriptions affordable.

- 80% for prescribed drugs listed in the Saskatchewan Prescription Drug Plan Formulary, up to \$500

DENTAL

This benefit will help cover a portion of your dental expenses.

	Coinsurance	Dental Service	Maximum
After 6 months	75%	Basic	\$500
After 1 year	80%	Basic	\$750
	50%	Major	
After 2 years or more	80%	Basic	\$1,000
	50%	Major	

Basic Dental Services include procedures such as examinations, x-rays, tests, cleaning, filling, root canals, oral surgery, denture repairs, etc.

Major Dental Services include inlays, onlays, crowns, dentures, bridges, orthodontic services.

Waiting Period

The 6 month waiting period for dental benefits will be waived provided the Insured had dental benefits under the previous employer benefits plan for 6 continuous months at the time of cancellation. If the waiting period is waived, coverage will continue uninterrupted based on the number of years dental benefits were held under the previous employer benefits plan.

HOSPITAL CASH

This benefit provides financial help to meet expenses due to hospitalization.

Under age 65: \$100 per day up to 50 consecutive days of hospitalization.

Age 65 and over: \$100 per day up to 30 consecutive days of hospitalization.

Benefits begin on:

1st day of hospitalization due to an accident.

4th day of hospitalization due to an illness.

8th day of hospitalization due to maternity.

VIP TRAVEL

This benefit provides coverage for frequent trips outside Saskatchewan.

- Up to 30 consecutive days per trip with no limit on the number of trips
- \$5 million in emergency hospital and medical benefits
- \$100,000 in air flight and common carrier accident insurance
- Up to \$1,000 trip interruption
- Up to \$1,000 for baggage and personal effects
- Up to \$1,500 for meals and accommodations

Optional Benefits

STUDENT ACCIDENT

Choose year-round accident coverage for the students in your family.

- Special benefit for out-of-province treatment
- Dread disease benefit
- Rehabilitation benefit
- Fracture and dislocation indemnity
- Confinement benefit
- Tutorial benefit
- Special treatment travel expense
- Travel accident emergency expense
- Total and permanent disability
- Optional Life Insurance
- Optional Double-Up feature

CRITICAL ILLNESS (under age 65)

This benefit provides a lump sum cash payment to help cope with a severe critical illness or disease. When such illnesses strike, there are often significant lifestyle changes that can more easily be managed when financial security is less of an issue.

Eligible Conditions: severe heart attack, severe stroke, life-threatening cancer, Alzheimer's disease, coma, major organ failure, major organ failure requiring transplant, motor neurone disease, paralysis, senile dementia, blindness, deafness, loss of speech, Multiple Sclerosis, Parkinson's disease, severe burns.

Person Covered	Level 1		Level 2
Policyholder	\$10,000	or	\$25,000
Spouse	\$10,000	or	\$25,000
Dependent children	\$ 5,000	or	\$10,000

TERM LIFE INSURANCE

Choose affordable life insurance for you and your family.

- \$25,000 to \$100,000 coverage
- Discounted rates for non-smokers
- Optional \$10,000 coverage for each dependent child
- Apply up to age 55
- Renew up to age 70

This brochure provides an overview of the Conversion Plans offered by Saskatchewan Blue Cross. This is not a contract or policy, nor a complete description of all benefits. Critical Illness, Accidental Death & Dismemberment, Term Life and Student Accident & Life benefits are underwritten by Blue Cross Life Insurance Company of Canada®, an independent licensee of the Canadian Association of Blue Cross Plans, PO Box 220, Moncton, NB E1C 8L3.



How do I apply?

1. Choose the coverage options that are right for you.
2. Complete the application form(s) included in this brochure or online at sk.bluecross.ca, according to your choices.
3. Submit the application forms to Saskatchewan Blue Cross. Your application will be reviewed and you'll receive confirmation of coverage with premium and benefit details.

Will the coverage under my Conversion Plan be identical to my Employer Benefits Plan?

Coverage may differ. Certain exclusions and limitations may apply, or benefits offered as part of your Employer Plan may not be available in a Conversion Plan.

Can I add to or upgrade my previous coverage?

Yes, you may apply for Optional Benefits to enhance your coverage. Any benefits not included in your current Employer Plan are subject to medical review. In all cases Hospital Cash, Critical Illness and Term Life Insurance are subject to approval of application with medical questionnaire, even if maintained under your Employer Benefits Plan.

Additional Plans

In addition to the Conversion Personal Health Plans outlined in this brochure, we offer other plans to suit your specific needs.

BLUE CHOICE® PERSONAL HEALTH PLANS

- A comprehensive Health Plan with optional Prescription Drugs, Dental, Hospital, Critical Illness, Student Accident, Life and Travel benefits

DAILY TRAVEL PLANS

- Single trip coverage for frequent travellers, snowbirds, family vacations, business trips or a quick getaway
- Emergency Medical and Accidental Death & Dismemberment Benefits

INTERNATIONAL STUDENT TRAVEL PLANS

- Single trip coverage for those studying abroad and their dependents
- Sports coverage for students enrolled in full time studies
- Emergency Medical Care including Accidental Death & Dismemberment

EMPLOYER BENEFITS PLANS

- Benefits solutions for your organization customized specifically to meet your business needs, for groups of any size

Contact Us

If you have any questions about our Conversion Plans, or what these benefits mean for you and your family,

contact your local insurance broker

or call us toll-free at

1-800-USEBLUE® (873.2583)

within Saskatchewan

1.800.667.6853 within Canada

or visit

sk.bluecross.ca

Saskatoon

516 2nd Avenue North
PO Box 4030
Saskatoon SK S7K 3T2

Phone 306.244.1192

Fax 306.652.5751

Regina

100, 1870 Albert Street
Regina SK S4P 4B7

Phone 306.525.5025

Fax 306.525.2124

Our business hours are 8:30am to 5:00pm weekdays.



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Family Status definitions: single rate is for 1 person, couple rate is for 2 persons, and family rate is for 3 or more persons. The oldest person on the application determines the age band and rate.

Conversion Monthly Premiums

AGE	FAMILY STATUS	CORE HEALTH	PRESCRIPTION DRUG	DENTAL	HOSPITAL CASH	VIP
Under 35	Single	14.05	10.15	27.30	2.00	1.85
	Couple	28.15	20.45	54.90	3.00	3.70
	Family	34.95	31.45	80.95	5.00	3.70
35-44	Single	15.35	15.20	27.30	2.75	2.90
	Couple	30.60	24.10	54.90	4.25	5.80
	Family	36.80	40.20	80.95	5.50	5.80
45-54	Single	17.80	30.65	27.30	3.00	4.35
	Couple	35.65	44.85	54.90	5.75	8.70
	Family	44.00	60.55	80.95	6.25	8.70
55-64	Single	20.30	40.15	27.30	5.00	5.10
	Couple	40.60	72.55	54.90	7.50	10.20
	Family	49.05	109.40	80.95	8.25	10.20
65-74	Single	25.85	33.65	27.30	10.00	8.80
	Couple	51.75	56.80	54.90	14.00	17.60
	Family	76.70	84.10	80.95	18.00	17.60
75-84	Single	28.70	33.65	27.30	12.00	13.90
	Couple	57.35	67.65	54.90	16.00	27.80
	Family	86.05	102.00	80.95	20.00	27.80
85+	Single	31.15	33.65	27.30	14.00	13.90
	Couple	62.35	67.65	54.90	18.00	27.80
	Family	92.35	102.00	80.95	22.00	27.80

Term Life Insurance

Both applicant and spouse must be non-smokers to qualify for the non-smoker couple premium.

AGE		\$25,000		\$50,000		\$75,000		\$100,000		\$10,000
		SINGLE	COUPLE	SINGLE	COUPLE	SINGLE	COUPLE	SINGLE	COUPLE	CHILDREN
Under 35	Non-smoker	2.90	4.50	5.80	9.00	8.70	13.50	11.60	18.00	3.35
	Smoker	4.40	6.90	8.80	13.80	13.20	20.70	17.60	27.60	3.35
35-44	Non-smoker	4.60	8.10	9.20	16.20	13.80	24.30	18.40	32.40	3.35
	Smoker	7.00	12.40	14.00	24.80	21.00	37.20	28.00	49.60	3.35
45-54	Non-smoker	11.30	18.80	22.60	37.60	33.90	56.40	45.20	75.20	3.35
	Smoker	17.20	28.70	34.40	57.40	51.60	86.10	68.80	114.80	3.35
55-64	Non-smoker	25.40	41.40	50.80	82.80	76.20	124.20	101.60	165.60	3.35
	Smoker	38.90	63.30	77.80	126.60	116.70	189.90	155.60	253.20	3.35
65-69	Non-smoker	45.50	74.40	91.00	148.80	136.50	223.20	182.00	297.60	3.35
	Smoker	69.60	113.80	139.20	227.60	208.80	341.40	278.40	455.20	3.35

Critical Illness

AGE	SINGLE		COUPLE		FAMILY	
	\$10,000	\$25,000	\$10,000	\$25,000	\$10,000	\$25,000
	LEVEL 1	LEVEL 2	LEVEL 1	LEVEL 2	LEVEL 1	LEVEL 2
Under 35	0.50	1.25	0.75	2.00	1.00	2.50
35-44	1.00	2.50	2.00	5.00	2.50	5.50
45-54	3.00	6.50	5.50	13.50	6.00	14.00
55-64	8.50	21.00	15.00	37.00	16.00	38.00

Student Accident Insurance

Monthly Premiums

Single Student\$0.50
Family (3 or more students)\$1.25

Optional Life Insurance

Applicable to Student Accident Option only

\$5,000\$0.35 per student
OR	
\$10,000\$0.75 per student

Double-Up \$0.20 per student
 Double indemnity for accidental dismemberment and for total and permanent disability.

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