seCUREme Individual Application for Catastrophic Benefits

Reset Form

1) GENERAL INFORMATION

Surname:	**First Name:**	**Middle Initial:**
Date of Birth (mm/dd/yyyy):	**Gender:**	**Language:**
Occupation:	**Annual Income:**	**Effective Date of Coverage** (mm/dd/yyyy):
Address:		
City:	**Province:**	**Postal Code:**
Email Address:		
Business Phone (optional):	**Mobile Phone:**	**Residential Phone (optional):**
Do you or your dependents have Government Health Care?	**Applicant**	**Dependents**
Comments or Additional Information:		

2) DEPENDENTS (please list any dependents that are to be included in this coverage, including your spouse)

Last Name	First Name	Date of Birth (mm/dd/yyyy)	Gender (M/F)	Relationship to Insured	Full Time Student

3) DECLARATION OF CONTINUED HEALTH & COVERAGE

Complete this section if transferring from an existing health plan.

1. Are you currently or were you previously covered under another Insurance Plan?		If yes, please provide current copy of your insurance certificate or wallet card.
2. At the time of this application has your health or that of any dependent also applying for this insurance changed in the past 2 years while covered under your previous plan?		If yes, please provide details:

4) COVERAGE SELECTIONS – Please indicate your desired coverage level

Medical Declaration must be completed and submitted with this application. Coverage is not guaranteed for Pre-Existing Conditions

◯ Single ◯ Couple ◯ Family

MEDICAL/DENTAL CARE BENEFITS - Annual Plan Maximum $100,000.00

◯ seCUREme Catastrophic: Coverage Generic /Brand Name/ Biologic Drugs –80% reimbursement
Annual Deductible elected:

◯ seCUREme Catastrophic: Coverage Generic/Brand Name/ Biologic Drugs –100% reimbursement
Annual Deductible elected:

☐ Optional Orthodontic Benefit

☐ Optional Vision Care Benefit

5) PRIVACY STATEMENT

YOUR PRIVACY – Respecting and Protecting your Personal Information

At Health Risk Services we recognize and respect the importance of privacy. When you apply for coverage, we will establish a ***confidential file*** that contains your personal information. The information that we collect will be used for the purposes of determining your eligibility for coverage for the plan you are applying for and for the administration of this plan. This would include investigating and assessing claims, and creating and maintaining records concerning our relationship. Your file will be kept in the office of Health Risk Services. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Health Risk Services. We limit access to personal information in your file to Health Risk employees, to persons you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. To review the entire Health Risk Services Privacy Guidelines, visit the Health Risk website: www.healthrisk.ca – Privacy Guidelines.

Please initial indicating you have read and understood our privacy statement.

6) AUTHORIZATION AND DECLARATIONS

- I hereby apply for coverage under the seCUREme Catastrophic Benefits Plan administered by Health Risk Services.
- I have read, understand and agree with the contents of the section on this form entitled - 'Your Privacy – **Respecting and protecting** your Personal Information'.
- If applying for coverage for my spouse and/or dependents, I confirm that I am authorized to act on their behalf.
- I agree that a photocopy or electronic copy of the Authorization and Declarations section is as valid as the original.
- I give permission to Health Risk Services Inc. to continue educating me regarding my benefits program and/or any additional products and services available to myself and my family through Health Risk Services. I am aware that this information may be forwarded through my employer, to my personal residence or by personal/business emails that have been provided.

I HEREBY AUTHORIZE (please initial below)**:**

- Health Risk Services, any healthcare provider, my plan administrator, other insurance or re-insurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with Heath Risk Services to exchange personal and/or claims information, when necessary to determine my eligibility for coverage and to continue to administer the plan.

- **MEDICAL DECLARATION COMPLETED AND SUBMITTED**

7) SIGNATURE

I CERTIFY THAT ALL INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Plan Member Signature:	Date Signed (mm/dd/yyyy):

8) BROKER / AGENCY INFORMATION

Company Name:			
Broker Name:			
Address:	**City:**	**Province:**	**Postal Code:**
Phone:	**Email:**		**Fax:**

9) AGENT DECLARATION

I CERTIFY THAT THE INFORMATION ON THE APPLICATION AND IN THIS REPORT IS TRUE AND COMPLETE.

Authorized Signature:	Date Signed (mm/dd/yyyy):

seCUREme is a wholly owned division of Health Risk Services Inc.

seCUREme Catastrophic is underwritten by Anahita Insurance secure and comprehensive insurance underwriters for corporate and personal products.