

NOTICE: ANY INCOMPLETE REQUEST OR UNANSWERED QUESTION WILL DELAY THE STUDY OF YOUR FILE

SECTION A

Contract No.: _____ Section No.: _____ ID No.: _____

SECTION B

Name: _____ Given Name: _____
 Place of Birth: _____ Occupation: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: Home: _____ Office: _____
 Social Insurance Number: _____ Date of Birth (DD/MM/YYYY): _____
 Height (ft. in./cm): _____ Present Weight (lb./kilo): _____ Sex: M F Age: _____

SECTION C - PLEASE COMPLETE IF THE INSURANCE REQUESTED IS FOR DEPENDENTS

SPOUSE:

Name: _____ Given Name: _____
 Place of Birth: _____ Occupation: _____
 Date of Birth (DD/MM/YYYY): _____ Sex: M F
 Height (ft. in./cm): _____ Present Weight (lb./kilo): _____ Age: _____

CHILD / CHILDREN:

Name	Given Name	Sex		Date of Birth			Age	Height (ft. in./cm)	Weight (lb./kilo)
		M	F	Day	Month	Year			
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

SECTION D - FOR EACH OF THE FOLLOWING QUESTIONS ANSWERED "YES", IDENTIFY THE PERSON AND GIVE DETAILS IN SECTION E.

In your lifetime, have you been treated for, or shown symptoms of, the following diseases?	Subscriber		Dependent(s)	
	Yes	No	Yes	No
1. Cardiovascular system: Chest pain, palpitations, high blood pressure, acute rheumatoid arthritis, heart murmur, heart seizure or any impairment of the heart or blood vessels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Respiratory system: Asthma, chronic bronchitis, spitting of blood, tuberculosis, emphysema or any impairment of the respiratory system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Digestive system: Colitis, ulcer, bleeding from stomach or bowel, or other impairment of the stomach, gallbladder, liver (hepatitis, cirrhosis), or the intestines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Genito-urinary system: Sugar, albumine, blood or pus in the urine, or any impairment of the kidneys, bladder, prostate or reproductive organs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Endocrine system: Diabetes, impairment of the thyroid or any other impairment of endocrine system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Musculo-skeletal system: Rheumatism, arthritis, gout, muscle or bone disease including spinal cord, back and joints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Nervous system: Convulsions, epilepsy, cephalaea, paralysis, degenerative disease, depression or other mental or nervous disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Immunological system: Have you ever had or been told that you had one of the following ailments, or have you undergone tests or received medical counsel for these: a) AIDS (Acquired Immune Deficiency Syndrome), Para-AIDS (ARC) or any other immunological disorder? b) Hypertrophy of lymphatic ganglions (glands), chronic diarrhea, less common or persistent lesions, infections of unknown origins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. General: Alcohol or drug abuse, anemia or other blood disease, cyst, tumor, cancer, or other physical or mental disorder not mentioned previously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E - DETAILS OF "YES" ANSWERS

Question Number	Name of person	Disease, operation, examinations, treatments, drugs, results	Date	Duration of illness	Name and address of doctors and hospitals. Specify: if hospitalized (how long), treated in outpatient clinic or in a doctor's office.



AUTHORIZATION
PLEASE DO NOT DETACH

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PERSONAL INFORMATION REPORT AND EXCHANGE NOTICE

DETACH AND GIVE TO THE SUBSCRIBER

