

Signing Your Life Away To Blue Cross

Below is a copy of the new, Blue Cross, Nexus, claim form authorization statement. It is part of the form you fill out in order to collect benefits on our extended health plan. It is not a contractual requirement for you to sign an authorization

statement for Blue Cross in order to receive your benefits. The Union would suggest and recommend that you cross out or blackout any wording that authorizes Blue Cross to access any of your personal information without you personally sending it to them, or to allow them to share it with anyone. The statement below is provided in its entirety for your information. The statement on the next page is what the Union would suggest you do to it before signing it and sending it in.

EMPLOYEE STATEMENT

I certify that I have not claimed and will not claim these expenses under any other insurance plan (unless indicated above), and that all information contained herein is correct

I hereby authorize the release of any information or records requested in respect to this claim to the insurer or its agents and certify that the information given is true, correct and complete to the best of my knowledge.

I certify that the information provided on this form is true and complete and that I have not claimed and will not claim these expenses under any other insurance plan (unless indicated above). I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by my Blue Cross plan may be collected, used, or disclosed to administer and manage the terms of my plan or the group plan of which I am an eligible member or dependent, to recommend suitable products and services to me*, and to manage my Blue Cross plan's business. For the purposes listed above, limited personal information may be collected from and/or released to a third party. This third party may include another Blue Cross organization, a licensed physician, health care professional or institution, life and health insurer, government and regulatory authorities, the member of any plan under which I am a dependent or another third party.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent my Blue Cross plan from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

I authorize my Blue Cross plan to collect, use and disclose my personal information as described above.

Signature _____ Date _____

(If under 18 years of age, the signature of the subscriber is required)

This consent complies with federal and provincial privacy laws, For additional information regarding your Blue Cross plan's privacy policies, call 1 -888-873-9200.

* applicable in Atlantic Canada

(cont. on the next page, Editor)

EMPLOYEE STATEMENT

I certify that I have not claimed and will not claim these expenses under any other insurance plan (unless indicated above), and that all information contained herein is correct

I hereby [REDACTED]
[REDACTED] certify that the information given is true, correct and complete to the best of my knowledge.

I certify that the information provided on this form is true and complete and that I have not claimed and will not claim these expenses under any other insurance plan (unless indicated above). [REDACTED]

I understand that my personal information will be kept confidential and secure. [REDACTED]

Signature _____ Date _____
(If under 18 years of age, the signature of the subscriber is required)

This consent complies with federal and provincial privacy laws, For additional information regarding your Blue Cross plan's privacy policies, call 1 -888-873-9200.

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