

If you have any questions or need help in completing this form, please call toll free:  
1-800-474-4474. You can also email us at [inquiries@healthquotes.ca](mailto:inquiries@healthquotes.ca)



Agent Name: HealthQuotes.ca Inc.

Agent No.: 428-10001

Broker Affiliate ID: \_\_\_\_\_

**Please mail this application to the Blue Cross address listed at the bottom of this page**

**Complete the information requested**

Applicant's Last Name

First Name

Applicant's Telephone No. (Home)

Address - Street & No.  
(Business)

City or Town

Applicant's Telephone No.

Province

Postal Code

**Please indicate coverage applied for**

**Basic Blue Choice**     **Basic Blue Choice with Hospital**

Individual     Couple     Family     Single Parent

**Please indicate the persons you wish to insure**

Last Name	First Name and Initial(s)		Sex (M/F)	Birth Date (D/M/Y)
Applicant		00		
Spouse		01		
Children 1		02		
2		03		
3		04		
4		05		



**If you have any questions or need help in completing this form, please call  
toll free: 1-800-474-4474**

**PLEASE BE SURE TO INCLUDE A VOID CHEQUE OR YOUR ANNUAL  
PAYMENT, PAYABLE TO ONTARIO BLUE CROSS (UNLESS PAYING BY  
CREDIT CARD).**

**PLEASE FAX YOUR APPLICATION IN FOR THE FASTEST POSSIBLE  
COVERAGE**

**Mail To:**

Individual Health Applications,  
5145 Steeles Ave. West,  
Entrance A, Suite 202,  
Toronto, ON  
M9L 1R5

**Fax To:**

Individual Health Applications,  
1-866-676-4581

(Note that **if you are not paying by credit card** you will have to  
mail either a void cheque or cheque for your premium, depending  
on your mode of payment)

Print