

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

Agent Name: HealthQuotes.ca Inc.

Agent No.: 13323

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		

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**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)

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