PACIFIC BLUE CROSS™

BC Life

Request to Waive Waiting Period

Step 1: Group & Employee Information **(please print or type)**

Company/Organization	Group Number
Employee Name	ID Number (SIN)

Step 2: Benefits and Waiting Periods

Benefits Applied For	Waiting Period DF = Date Following FF = First Following	Previous coverage within past six months?	If yes, list previous carrier, group & ID numbers below:	Termination date of previous coverage M	D	Y
☐ Dental Care	☐ mths ☐ days	o No o Yes				
☐ EHC	☐ mths ☐ days	o No o Yes				
☐ Life / AD&D	☐ mths ☐ days	o No o Yes				
☐ Critical Illness	☐ mths ☐ days	o No o Yes				
☐ STD	☐ mths ☐ days	o No o Yes				
☐ LTD	☐ mths ☐ days	o No o Yes				

Step 3: Reasons for Consideration

Check any options that apply:

❑ Key Employee (check one): o Executive o Manager o Other – please provide a detailed explanation:

___

❑ Change in Employment Status

Example: when an existing employee who worked on a part-time or contract basis is hired in a capacity that makes him/her eligible for group plan coverage. Give all details of previous employment (eg. number of hours worked per week, how regularly worked, since when, etc.):

___

❑ Other – please provide a detailed explanation: ___

Claims incurred during waiting period:

Have any claims already been incurred, or are there any significant claims pending? o No o Yes – give details:

___

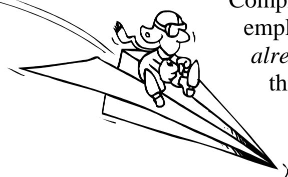
I confirm that this employee is actively at work and, to my knowledge, in good health:

Name of authorized plan contact ___ Signature ___ Date (M/D/Y) ___

For PBC/BC LIFE Use Only

Approved: o Yes o No Clerk initials: ___ Index File: ___

Name of authorized Manager ___ Manager's Signature ___ Date (M/D/Y) ___



Complete this form and mail it to us along with the employee's application for group benefits; *OR if we have already received the employee's application*, complete this form only and return it to us via fax or mail.

Pacific Blue Cross /
British Columbia Life & Casualty Company
Member Administration Department
PO Box 7000
Vancouver, BC Canada V6B 4E1

tel 604 419-2900
toll free 1-888-275-4672
fax 604 419-2149

Pacific Blue Cross, the registered trade-name of PBC Health Benefits Society, is an independent licensee of the Canadian Association of Blue Cross Plans.