



644 MAIN ST PO BOX 220 MONCTON NB E1C 8L3  
230 BROWNLOW AVE DARTMOUTH  
PO BOX 2200 HALIFAX NS B3J 3C6  
FOR ALL INQUIRIES: 1-800-667-4511

## Application For Complete Health

### Applicant's Personal Information

Last Name Chukwu

First Name Vanessa

Language English

Email vanessachukwu2020@gmail.com

Phone 7097287368

Street 59 Ladysmith Drive

City St John's

Province Newfoundland and Labrador

Postal Code A1B0G3

How would you like us to contact you? Email

How would you like to receive your policy booklet? Electronic

## Quoted Premium

Annualized Premium \$1,406.88

Monthly Premium \$117.24

## Coverage

Health Benefit Essential

Drug Benefit Enhanced

Dental Benefit Entry

Critical Illness No

Assured Access No

Hospital Cash Yes

Requested Effective Date of Policy: Please begin my coverage on the 1<sup>st</sup> day of 02-2026

Do you currently have health or dental benefits? How about in the past? No

First Name	Last Name	Sex	Date of Birth	Drug	Dental	Full-Time Student	Height	Weight lbs/kg	Smoker?	Pregnant?
Vanessa	Chukwu	Female	13-03-2007	Yes	Yes		5'3 "	60 lbs	No	No

## Medical Information

	Do you have a family doctor?	<b>No</b>												
1.	Is everyone covered by one of these provincial health plans? <ul style="list-style-type: none"> <li>Medicare in New Brunswick</li> <li>Medical Services Insurance (MSI) in Nova Scotia</li> <li>Hospital and Medical Services Insurance in Prince Edward Island</li> <li>Medical Care Plan (MCP) in Newfoundland and Labrador</li> </ul>	<b>Yes</b>												
2.	Has anyone ever consulted a doctor, been treated for, or had any indication of any physical or mental health issue—whether mild or serious? (This takes into account physical and mental health conditions, disorders, diseases, impairments and injuries. Examples include acne, chronic headaches, sleep disorders, and elevated cholesterol.)	<b>Yes</b>												
<div style="margin-bottom: 10px;"><b>Medical Information</b></div> <div> <div>Individual's Name</div> <div>Vanessa Chukwu</div> </div> <div> <div>Condition Description</div> <div>Severe acne</div> </div> <div> <div>Condition Start Date</div> <div>12-2025</div> <div style="margin-left: 200px;">Is condition ongoing?</div> <div>Yes</div> </div> <div> <div>Was medication prescribed for this condition?</div> <div>Yes</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Name(s) of medication(s)</th> <th style="text-align: left;">Strength of Medication</th> <th style="text-align: left;">Quantity Taken</th> <th style="text-align: left;">Date First Treated</th> <th style="text-align: left;">Date Last Treated</th> <th style="text-align: left;">Is Treatment Ongoing ?</th> </tr> </thead> <tbody> <tr> <td>Cabtreeo</td> <td>Mid</td> <td>30</td> <td>12-2025</td> <td>01-2026</td> <td>No</td> </tr> </tbody> </table> <div> <div>Was there treatment?</div> <div>No</div> </div>			Name(s) of medication(s)	Strength of Medication	Quantity Taken	Date First Treated	Date Last Treated	Is Treatment Ongoing ?	Cabtreeo	Mid	30	12-2025	01-2026	No
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Cabtreeo	Mid	30	12-2025	01-2026	No									
3.	Within the last two years, has anyone been hospitalized, or required ambulance or nursing services?	<b>No</b>												
4.	Does anyone have a medical issue being investigated but not diagnosed yet? (This could be an appointment, referral, test, surgery or treatment that has been contemplated or already booked.) If yes, please include condition, date(s) of appointment(s), and other pertinent information.	<b>No</b>												
5.	Does anyone have a prescription for medication that you didn't include on the previous screen? If there is a prescription or refill that hasn't been filled yet, please include that too. (Include all forms of medication: pills, patches, injections, drops, creams and suppositories).	<b>No</b>												
6.	Within the past two years, has anyone required the services of a health practitioner? (This includes a chiropractor, physiotherapist, psychologist, podiatrist, naturopath, acupuncturist, massage therapist, athletic therapy, social worker, and more.)	<b>No</b>												

7.	Within the past two years, has anyone required any kind of medical supplies or equipment? (This includes diabetic, ostomy, or orthopedic supplies, oxygen, CPAP or TENS machine, prosthesis, braces, walker, wheelchair, and more.)	No
8.	In the past five years, has anyone used narcotics (e.g., morphine, heroin), controlled substances (e.g., diazepam, lorazepam), hallucinogens (e.g., LSD, marijuana) or stimulants (e.g., amphetamines, cocaine), except as prescribed by a physician?	No
9.	During the past three years, has anyone had their driver's licence suspended or revoked? Has anyone been convicted of more than three driving violations, refusing to take a breathalyzer, or driving while impaired? If Yes, please provide details (type and dates of occurrences, etc.)	No

## Agreement and Consent

In the following statement, "You" and "Your" refers to you, the applicant, and your dependents. You understand and agree that any pre-existing condition, injury or the signs of which that appeared or occurred on or before the date of this application are not covered by your policy. The discovery of facts known by you but not stated in your application could result in the denial of claim and/or the cancellation or modification of your policy. You acknowledge that you must notify Medavie Blue Cross of any changes in your health statuses from the date of application until a policy is issued or is in effect, whichever is later. Medavie Blue Cross reserves the right to recover any sum of money paid as a result of an incomplete statement, misrepresentation or omission in your application. You agree to repay Medavie Blue Cross for any sum of money paid as a result of the discovery of facts not fully disclosed on your application. You declare that the answers you provided are complete and accurate and form part of your application for coverage with Blue Cross Life Insurance Company of Canada (Blue Cross Life) and/or Medavie Blue Cross.

The information you provided or that will be collected in the future as part of the application process will be kept confidential and secure. It will be used to determine eligibility for coverage, administer your policy, recommend suitable products and services to you and manage Medavie Blue Cross and/or Blue Cross Life's business. You authorize any physician, health care practitioner, hospital, clinic, pharmacy, other medical or medically related facility, insurance company, government or regulatory authority, organization, institute or person, that has any records or knowledge of you or your health, to give Blue Cross Life, Medavie Blue Cross or their reinsurers any such information. You authorize Blue Cross Life and Medavie Blue Cross to disclose this information to each other, their reinsurers or any third party when required to determine eligibility of your application. Personal health information may be released to your personal physician or other health care practitioner.

Unless withdrawn in writing, this consent is valid for as long as your insurance contract is in effect. You understand that your consent may be withdrawn at any time, subject to legal and contractual restrictions and reasonable notice. Withdrawing your consent may limit our ability to provide you with products or services. You understand why your personal information is needed and are aware of the risks and benefits of consenting or refusing to consent. For questions or more information about our privacy policies and practices, please contact us at 1-800-667-4511 or visit [medaviebc.ca](http://medaviebc.ca).

Your personal information will be securely stored using information systems owned or managed by Medavie Blue Cross, its agents and/or its service providers, both within and outside of Canada, and your personal information may be subject to the laws of those countries. All service providers and agents are contractually bound to protect the confidentiality of all personal information. You acknowledge and agree that there is no coverage and that Medavie Blue Cross is not at risk unless an insurance contract comes into effect as a result of your application. If you do not qualify for a Complete Health personal health plan due to your health, you consent to allow Medavie Blue Cross to offer a different personal health plan.

By providing your email address, you consent to Medavie Blue Cross and/or Blue Cross Life providing information and/or documents to you about your application and/or policy in electronic form.

Do you authorize Medavie Blue Cross and Blue Cross Life to collect, use and disclose your personal information as stated?

Signature of Applicant

Vanessa Chukwu

Date

27/01/2026 07:31 PM America/St\_Johns

Signature of Spouse (as defined in policy)

Date

## Billing - Pre-Authorize Debit (PAD)

Name of Payor Vanessa Chukwu

Email vanessachukwu2020@gmail.com

Telephone Number 7097287368

Address 59 Ladysmith Drive

City/Town St John's

Province Newfoundland and Labrador

Postal Code A1B0G3

Branch Number 10983

Bank Number 002

Account Number 1560328

Type of Service Personal

I/We authorize Medavie Blue Cross and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for recurring payments and/or one-time payments, from time to time, for payment of insurance premiums. **I/we am/are waiving my/our right to receive confirmation of my/our PAD agreement and pre-notification of the amount of the PAD and agree that I/we do not require 15 days notification of the amount before the first debit is processed.** Regular monthly payments will be debited to my/our specified account on the first business day of every month. Medavie Blue Cross will not provide monthly pre-notification but will provide 30 days notice if the deduction is subject to change. Medavie Blue Cross will obtain my/our authorization for any other one-time or sporadic debits. Medavie Blue Cross requires written notification of any changes to banking information.

This authority is to remain in effect until Medavie Blue Cross has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled. This notification must be sent to the Administration Department of Medavie Blue Cross. I/ We may obtain a sample cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.payments.ca](http://www.payments.ca).

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

Signature(s) of Bank Account holder(s):

Vanessa Chukwu

Date

27/01/2026 07:31 PM America/St\_Johns

### Direct Deposit

Eligible Benefits will be reimbursed through electronic funds transfer (direct deposit). I choose to use the same banking information as:

Billing

## Disclaimers

Accidental death and dismemberment benefits will be underwritten by Blue Cross Life Insurance Company of Canada. All other benefits will be underwritten by Medavie Inc., operating under the business name Medavie Blue Cross.

### **TEN DAY RIGHT TO EXAMINE POLICY**

You have 10 days from the receipt of the policy to examine and return it for a full refund of money paid, if you are not entirely satisfied.

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