

SME Pre-Authorization

Please send your completed form to: PMApprobation@qc.croixbleue.ca

ADVISOR INFORMATION

Advisor name	Distributor number
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SME INFORMATION

Company Name/Operating Name		
Address		
Type of business		
Has the company been in business for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate the year business operations began
Total number of employees	Potential number of employees to be insured	Business registration number
Business Website		
Benefits selected:		
<input type="checkbox"/> Disability	<input type="checkbox"/> Extended health benefit – without Drugs	
<input type="checkbox"/> Monthly indemnity	<input type="checkbox"/> Dental care	
<input type="checkbox"/> Overhead expenses	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Term life 65		

PRIOR INSURANCE

Is the application intended to replace existing group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of pre-authorization request (dd/mm/yyyy)
If yes, please provide a claims history for the group.	

IMPORTANT: To apply as an SME, a minimum of 3 employees must meet the criteria of the SME declaration form. The policies will only be issued if the criteria are met in full.

FOR BLUE CROSS USE ONLY

Decision	
Actuarial	Director of Underwriting
Signature	Signature
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

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