QUÉBEC
BLUE CROSS®

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ASSOCIATION/SPECIAL OPPORTUNITY APPLICATION FORM

PERSONAL INFORMATION

Representative name submitting the application (if possible, attach a business card)	General Representative Name
Representative Code	Application Date

ASSOCIATION/SPECIAL OPPORTUNITY INFORMATION

Association or target group

Do you have an agent of record letter? ☐ Yes ☐ No

Acronym

Address

Website

Number of members/participants

Occupation(s)

Services offered by the association

Is there an insurance program currently in force? ☐ Yes ☐ No
If yes, please provide a description of coverage, pricing, and claims experience, if possible.

TYPE OF COVERAGE NEEDED

☐ Life	☐ Overhead Expenses	☐ Long-Term Care	☐ Dental Care
☐ Disability	☐ Critical illness	☐ Extended Health Benefit	☐ Other: ____________

PLEASE SPECIFY SPECIAL REQUIREMENTS FOR OFFER

PLEASE DESCRIBE YOUR MARKETING AND COMMUNICATIONS PLAN

OTHER INFORMATION OF INTEREST

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