

DFAIT Employee Number (PRI) _____

EMPLOYEE INFORMATION

First Name _____ Last Name _____

Date of Birth / /
 dd mm yy Sex : M F**DEPENDENT INFORMATION (not required for single coverage)****SPOUSE**

First Name _____ Last Name _____

Date of Birth / /
 dd mm yy Sex : M F**CHILDREN**

First Name _____ Last Name _____

Date of Birth / /
 dd mm yy Sex : M F

First Name _____ Last Name _____

Date of Birth / /
 dd mm yy Sex : M F

First Name _____ Last Name _____

Date of Birth / /
 dd mm yy Sex : M F**CONTACT INFORMATION****PERSONAL DFAIT OVERSEAS MAILING ADDRESS (E.G., P.O. BOX 489)**

Number and Street _____ Unit _____

City _____ Country _____ Postal Code _____

E-mail Address _____

MISSION ADDRESS

Number and Street _____ Unit _____

City _____ Country _____ Postal Code _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

NOTE: IT IS THE RESPONSIBILITY OF DFAIT EMPLOYEES, ON CROSS POSTING, TO INFORM ONTARIO BLUE CROSS OF ANY CHANGE OF ADDRESS

COVERAGESingle \$125 Family \$250

Date of first departure:

 / /
 dd mm yy Unknown date of departure**METHOD OF PAYMENT** CHEQUE OR CREDIT CARD : Visa American Express MasterCard

Card Number _____ Expiry Date _____

Signature _____