SASKATCHEWAN BLUE CROSS®

RENEWAL NOTICE

516 2nd Avenue North, PO Box 4030, Saskatoon SK S7K 3T2
Phone 306.244.1192 Fax 306.652.6751

100-1870 Albert Street, Regina SK S4P 4B7
Phone 306.525.5025 Fax 306.525.2124

THIS FORM TO BE USED BY BROKERS TO ACCOMPANY PAYMENT IN THE ABSENCE OF A PERSONALIZED RENEWAL NOTICE

POLICY NO.	POLICYHOLDER NAME	BROKER NAME	NO.

DATE DUE _____ **DATE PAID** _____ **AMOUNT PAID** _____

Cash ☐ Cheque ☐ Visa ☐ Mastercard ☐ American Express ☐

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ☐☐☐☐

Signature of Cardholder _____

Blue Choice® Renewal	
Additional non-underwritten options: ☐ Dental ☐ VIP Travel ☐ Student Accident Core Plan ☐ $ 5,000 Life Benefit or ☐ $10,000 Life Benefit ☐ Double Up	_____ _____ _____ _____ _____
TOTAL	

Additional underwritten options:

- ❍ An application, with appropriate premium, is required for the following options: *LifeLink®* Critical Condition, Drugs, Hospital Cash. See Blue Choice® Personal Health Plan Options brochure.
- ❍ An application and premium for one month is required for Term Life Insurance option. See Blue Choice® Personal Health Plan Options brochure.

Note: For monthly payment of premium, complete and submit the Pre-authorized Payment Form for Personal Health Plans.

CHANGE OF ADDRESS

From _____ Phone No. _____

To _____

NAME CHANGE

From _____ To _____

Reason _____

ADD SPOUSE

Name _____ Date of Birth _____ Sask. Health No. _____

Previous Name _____ Previous Contract No. _____

DEPENDENT CHANGE

Add Name	Remove Name	Sask. Health No.	Date of Birth

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