



RENEWAL NOTICE

516 2nd Avenue North, PO Box 4030, Saskatoon SK S7K 2C5
Phone 306.244.1192 Fax 306.652.6751

FORM TO BE USED BY BROKERS TO ACCOMPANY PAYMENT IN THE ABSENCE OF THE ORIGINAL RENEWAL NOTICE

POLICY NO. POLICYHOLDER NAME BROKER NAME NO.

DATE DUE DATE PAID AMOUNT PAID

Cash Cheque Visa Mastercard American Express

Credit Card

Expiry Date

Grid for credit card details and expiry date

Signature of Cardholder

Personal Health Plan Renewal

Additional non-underwritten options:

- Dental
VIP Travel
Student Accident
\$5,000 Life Benefit or
\$10,000 Life Benefit
Double Up

TOTAL

Additional underwritten options:

A Personal Health Plan application, is required for the following options: Critical Illness, Prescription Drugs, Hospital Cash and Term Life. See Personal Health Plans brochure.

Critical Illness and Term Life Insurance benefits are underwritten by Blue Cross Life Insurance Company of Canada

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

CHANGE IN CONTACT INFORMATION

From Telephone No.

To

CHANGE IN NAME

From To

Reason

To add a spouse or dependent, complete and submit the Personal Health Plan application at sk.bluecross.ca or call the phone number above.

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