

INSTRUCTIONS:

1. Complete this Direct Deposit Authorization Form in full
2. Attach a copy of a void cheque **or** direct deposit form from your financial institution
3. **Return form and attachments to Saskatchewan Blue Cross using one of the following methods:**
Online: Log in to your Member Portal and send via our secure document submission
Mail: PO Box 4030, Saskatoon, SK S7K 3T2
Fax: (306) 652-5751

- Group Policy Member
 Individual Policy Member
 New
 Change

MEMBER INFORMATION

Name (First and Last)		Policy/Application Number	SK Blue Cross ID Number
Mailing Address	City	Province	Postal Code
Email Address	Mobile Phone Number	Work Phone Number	Home Phone Number

BANK ACCOUNT INFORMATION

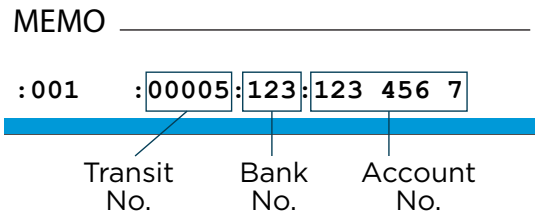
Financial Institution _____

Address (Street, City, Province, Postal Code) _____

Branch Transit Number _____

Bank ID Number _____

Account Number _____



Insert the numbers found at the bottom of your cheques or direct deposit slip.

AUTHORIZATION

I hereby authorize Saskatchewan Blue Cross to directly deposit payments to the bank account identified above. If applicable, this authorization replaces all previous direct deposit instructions. I also authorize Saskatchewan Blue Cross to withdraw funds required to correct amounts that may have been deposited in error, on the understanding that I will be notified of the adjustment prior to any withdrawal.

I understand that the personal information I have given, as well as any other personal information currently held or provided in the future by Saskatchewan Blue Cross, Blue Cross Life Insurance Company of Canada and/or its agents may be collected, used, maintained and disclosed for the purposes of determining eligibility for coverage, underwriting, adjudicating and paying claims, administering products and services, audit and investigation, confirming my identity, maintaining my relationship with Saskatchewan Blue Cross and helping to develop and recommend suitable products and services to me.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include other Blue Cross* organizations and/or their authorized agents/representatives, licensed physicians, practitioners or other healthcare providers, hospitals, clinics or other medical facilities, other health and life insurers and reinsurers, employers (past and present), government and regulatory authorities and other third parties only when needed for a purpose stated above.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time in writing; however, if consent is withheld or revoked, coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding the privacy policies of Saskatchewan Blue Cross and/or the collection, use or disclosure of my personal information, I can visit www.sk.bluecross.ca or call 1.800.667.6853. A photocopy of this authorization shall be as valid as the original.

Signature of Account Owner	Signature of Joint Account Owner (If applicable)
Name (Print)	Name (Print)
Date (YYYY-MM-DD)	Date (YYYY-MM-DD)