

Broker Sales Remittance Form

Broker Name _____

Broker Number _____

Product	Quantity	Amount (\$)
Blue Choice®	_____	_____
Conversion	_____	_____
Other	_____	_____
TOTAL SALES	_____	_____
Less Credit Card Payments	_____	_____
TOTAL FUNDS ENCLOSED		_____

Date: _____
DD/MM/YYYY

Note: Please do not submit premiums for travel sales to Saskatchewan Blue Cross. Instead, please refer to the [Travel Policy Payments FAQ](#) for more instructions regarding the travel sales remittance process.

Saskatchewan Blue Cross Use Only

Received _____	Commissions _____
Total _____	Web Sales _____
Date _____	Credit Cards _____