SASKATCHEWAN BLUE CROSS®
516 2nd Avenue North, PO Box 4030
Saskatoon, SK S7K 3T2

# RENEWAL NOTICE

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

| Policy Number | Policyholder Name | Broker Name | Broker Number |
|---|---|---|---|
| | | | |

| **Date Due** (YYYY-MM-DD) | **Date Paid** (YYYY-MM-DD) | **Amount Paid** ($) |
|---|---|---|
| | | |

Cash ☐ Cheque ☐ Visa ☐ Mastercard ☐ American Express ☐

Credit Card Information

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Expiry (MMYY)

| | | | |
|---|---|---|---|
| | | | |

Signature of Cardholder _____

## PERSONAL HEALTH PLAN RENEWAL

**Additional non-underwritten options:**

☐ Dental
☐ VIP Travel

| | |
|---|---|
| | |
| | |
| **TOTAL** ($) | |

**Additional underwritten options:**

**A Personal Health Plan application is required for the following options:**

- Prescription Drugs
- Hospital Cash

See Personal Health Plan brochure for more information.

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

## CHANGE IN CONTACT INFORMATION

**From** _____ **Phone Number** _____

**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/forms** or call 1.800.667.6853.