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

RENEWAL NOTICE

NOTE: THIS FORM IS TO BE USED BY ADVISORS TO ACCOMPANY PAYMENT IN THE ABSENCE OF THE ORIGINAL RENEWAL NOTICE

Policy Number	Policyholder Name	Advisor Name	Advisor 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 Debit (PAD) Agreement Form for Personal Health Plans.

CHANGE IN CONTACT INFORMATION

From _____ **Phone Number** _____

To _____

CHANGE IN NAME

From _____ **To** _____

Reason _____

To add a dependent partner or child, complete and submit the Personal Health Plan Application at **sk.bluecross.ca/forms** or call 1.800.667.6853.