

RENEWAL NOTICE

516 2nd Avenue North, PO Box 4030 Saskatoon, SK S7K 3T2

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-M	IM-DD)	Amount Paid (\$)
Cash 🗌 Cheque 🗌 Visa 🗌 Maste		ercard 🗌 Ameri	can Express	·
Credit Card Information Expiry (MMYY)				
				1
Signature of Cardholder				
PERSONAL HEALTH PLAN RENEWAL				
Additional non-under	rwritten options:			
🗌 Dent	al			
	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				
То				
CHANGE IN NAME				
From			То	
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.

[®] The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans, used under licence by Medical Services Incorporated, an independent licensee. "Trade-mark of the Canadian Association of Blue Cross Plans. †Trade-mark of the Blue Cross Blue Shield Association. Saskatchewan Blue Cross products are underwritten by a variety of underwriters. For more information, visit sk.bluecross.ca/underwriting.