

**ADVISOR INFORMATION**

Advisor Name \_\_\_\_\_

Advisor Number \_\_\_\_\_

**PRODUCT INFORMATION**

Product	Quantity	Amount (\$)
Blue Choice®		
Conversion		
Guaranteed Acceptance		
Other		
Total Sales		
Less Credit Card Payments		
Total Funds Enclosed		

Date (YYYY-MM-DD): \_\_\_\_\_

**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 (YYYY-MM-DD)	Credit Cards