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

SGEU CHANGE FORM

GRPA 1004-E

SGEU Retiree - Policy Number 92758

Please submit this form via email at sgeuretiree@sk.bluecross.ca

COMPLETE ONLY AREAS AFFECTED BY CHANGE AND SIGN

Last Name First Name

Address

City Province Postal Code

Email Address

Phone Number ☐ Home ☐ Work ☐ Mobile

	First Name	Birth Date (YYYY/MM/DD)	Sex* M/F/ I/U	Dependent Status	A- Add C- Change D - Delete
Employee				E - Student (College/University) S - Disabled	
Spouse					
Children					

***Sex: Male/Female/Intersex/Undisclosed** - *Why do we ask?* Some health conditions are more likely to occur based on sex. As a result, sex is used to assess your coverage. We recognize your sex may differ from your gender identity.

COVERAGE OPTIONS

Add coverage: ☐ Health ☐ Dental

Delete coverage: ☐ Health ☐ Dental

STATUS CHANGE

Type of Status Change:

☐ Marriage ☐ Cohabitation

Date of Marriage/ Cohabitation: _____ DD/MM/YYYY

If partner has other coverage please complete **COORDINATION BENEFITS SECTION.**

BANK ACCOUNT INFORMATION

Please include one of the following with your submission of this form:

- **Void Cheque**
- **Direct Deposit Form** from your financial institution

By submitting this form, I authorize Saskatchewan Blue Cross® to debit the bank account identified above as payment for my policy, as well as make direct deposits for claim reimbursements. For further details please refer to the acknowledgment and consent section on this form.

ACKNOWLEDGMENT & CONSENT

I understand that the personal information I have given, as well as any other personal information currently held or provided in the future by Saskatchewan Blue Cross, Blue Cross Life Insurance Company of Canada and/or its agents may be collected, used, maintained and disclosed for the purposes of determining eligibility for coverage, underwriting, administering products and services, audit and investigation, confirming my identity, maintaining my relationship with Saskatchewan Blue Cross, and to help develop and recommend suitable products and services to me.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include other Blue Cross® organizations, and/or their authorized agents/brokers, representatives, licensed physicians, practitioners or other healthcare providers, hospitals, clinics or other medical facilities, other health and life insurers and reinsurers, MIB, LLC, employers (past and present) government and regulatory authorities, and other third parties only when needed for a purpose stated above.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding the privacy policies of Blue Cross and/or the collection, use or disclosure of my personal information, I can visit www.sk.bluecross.ca or call 1-800-USEBLUE®.

Pre-Authorized Debit: I authorize Saskatchewan Blue Cross to debit my financial institution for the amount identified as per the welcome letter. I understand payment will be debited on the first business day of the month. I understand the amount may vary due to the current month's adjustments. If funds are not available on the date of payment, the debit will be represented (3) days later. I authorize Saskatchewan Blue Cross to present multiple payments as required to maintain my policy and/or to charge a service fee for declined debits. I agree that Saskatchewan Blue Cross is not responsible for any bank service charges relating to declined debits.

I may revoke my authorization at any time by advising Saskatchewan Blue Cross with a completed Pre-Authorized Payment Agreement form or written notification by either mail, fax, or e-mail at least ten (10) business days before the next withdrawal date. I may obtain further information on my right to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the Pre-Authorized Payment Agreement. To obtain more information on recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

A photocopy of this authorization shall be as valid as the original.

Signature of Applicant Date (YYYY/MM/DD)