

Broker Sales Remittance Form

Broker Name _____

Broker Number _____

Product	Quantity	Amount (\$)
Blue Choice®	_____	_____
Conversion	_____	_____
Annual Travel Plans	_____	_____
Individual Travel Plans	_____	_____
Top-Up Travel Plans	_____	_____
Other	_____	_____
TOTAL SALES	_____	_____
Less Credit Card Payments	_____	_____
TOTAL FUNDS ENCLOSED		_____

Date _____
DD/MM/YYYY

Saskatchewan Blue Cross Use Only

Received	_____	Commissions	_____
Total	_____	Web Sales	_____
Date	_____	Credit Cards	_____