

Employee Name Employee Blue Cross ID Number Policy Number

I am an authorized signing officer for the purpose of completing this Authorization. I hereby authorize Saskatchewan Blue Cross to directly deposit payments to the bank account identified above. If applicable, this authorization replaces all previous EFT instructions.

Date (YYYY/MM/DD) Employee Signature

**BANK ACCOUNT INFORMATION:**

Name of Financial Institution

Address City Province Postal Code

Insert the numbers found at the bottom of the employee's cheque.

MEMO			Branch Transit Number	Bank ID Number	Account Number
: 001	: 00000	: 003	: 000	000	0
Transit No.	Bank No.	Account No.			

**Please attach a personalized VOID cheque and return to the address above ATTN: GROUP ADMINISTRATION**

**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 and/or its agents may be collected, used, maintained and disclosed for the purposes of determining eligibility for coverage, underwriting, adjudicating and paying claims, administering products and services, audit and investigation, confirming my identity, maintaining my relationship with Saskatchewan Blue Cross, and helping to 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/representatives, licensed physicians, practitioners or other healthcare providers, hospitals, clinics or other medical facilities, other health and life insurers and reinsurers, 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I may revoke my consent at any time in writing; however, if consent is withheld or revoked, coverage may be denied or rescinded.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 Saskatchewan Blue Cross and/or the collection, use or disclosure of my personal information, I can visit [www.sk.bluecross.ca](http://www.sk.bluecross.ca) or call 1-800-USEBLUE®.

Employee Signature Date (YYYY/MM/DD)

