

DIRECT DEPOSIT APPLICATION


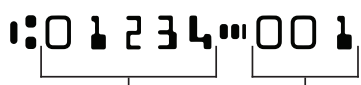
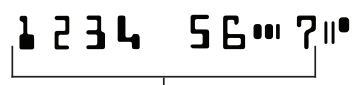
Type of Transaction <input type="checkbox"/> New Application <input type="checkbox"/> Change to Existing Information <input type="checkbox"/> Cancel Direct Deposit		
Applicant's Name		Birth Date (dd/mm/yyyy)
Certificate Number	Client Number	Employer's Name (if applicable)
Address (Street, City, Province, Postal Code)		
Email Address	Home Telephone Number (include area code)	Work Telephone Number (include area code)

Direct Deposit Authorization

By providing your banking information or an attached void cheque, you are authorizing that all claim payments, including life or disability benefits (if applicable), be deposited into the account indicated.

Name of Financial Institution _____

Branch Address (Street, City, Province, Postal Code) _____

Transit Number 5 digits	Institution Number 3 digits	Account Number max 12 digits
	 <div style="display: flex; justify-content: space-around; font-size: small;"> <div style="text-align: center;">Transit Number</div> <div style="text-align: center;">Institution Number</div> </div>	 <div style="text-align: center; font-size: small;">Account Number</div>

I authorize Manitoba Blue Cross and/or Blue Cross Life Insurance Company of Canada (collectively referred to as "Blue Cross") to deposit all my claim payments directly to the account indicated above until such time these instructions are cancelled by me in writing and received by Manitoba Blue Cross.

I understand and agree that:

- these instructions are applicable to all claims and certificate numbers related to my client/plan number identified above
- it is my responsibility to ensure my financial information is current, and promptly submit changes to any existing information
- there may be circumstances that result in an overpayment of monies for which I will be required to repay
- I will repay Blue Cross within the advised time frame, following any notification of an amount owing or within a longer period if Blue Cross agrees in writing. If the amount owing is not repaid when due, Blue Cross may take all the necessary steps to recover the amount owing, including withholding the payment of, or recovering the amount owing from, any future benefits payable
- a photocopy, electronic copy or image of this Authorization and Declaration is as valid as the original
- I have read and understood the Authorization & Consent on the reverse side of this claim form
- my electronic signature on this application form is a valid form of signature

Signature _____ Date (dd/mm/yyyy) _____



AUTHORIZATION & CONSENT

I understand that the personal information and personal health information provided herein as well as any other personal information and personal health information currently held or collected in the future by Manitoba Blue Cross and/or Blue Cross Life Insurance Company of Canada (collectively referred to as "Blue Cross") may be collected, used, or disclosed to administer the terms of the policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the company's business.

Depending on the type of coverage I carry, limited personal information or personal health information may be collected from and/or released to a third party. These include other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the policy of which I am an eligible member. I understand that Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Blue Cross to collect, use and disclose my personal information as outlined in the Manitoba Blue Cross Privacy Code. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information and personal health information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Manitoba Blue Cross's privacy policies or for questions as to the collection, use, or disclosure of my information, I may contact Manitoba Blue Cross at 204.775.0151 or 1.800.873.2583 or mb.bluecross.ca.

I authorize Blue Cross to collect, use and disclose my personal information and personal health information as described above.

A photostatic copy of this authorization shall be as valid as the original.