

DIRECT DEPOSIT AUTHORIZATION
Disability Claim**Section 1 Employee (Member) Information**_____
Last Name_____
First Name_____
Birth Date (yyyy-mm-dd)_____
Address (street, city, province, postal code)_____
Phone (include area code)**Section 2 Type of Transaction**

Select the type of transaction.

 New Direct Deposit Authorization Change to Existing Information Cancel Direct Deposit

Identify the DISABILITY PLAN for which this transaction applies.

Policy ID Number_____
Certificate Number_____
Employer Name**Section 3 Your Financial Information**

Please attach a sample of a cheque marked VOID, or your branch can assist you in completing the following information.

Name of Financial Institution_____
Institution Number_____
Transit Number_____
Account Number_____
Branch Address (street, city, province, postal code)**Section 4 Your Declaration and Signature**

I hereby authorize Manitoba Blue Cross to transfer my DISABILITY BENEFIT payments to the financial institution indicated above.

I understand the following:

- This direct deposit authorization means my disability benefit (applicable to the time of this signed authorization) will be issued by direct deposit and I will not receive an explanation of benefits statement.
- It is my responsibility to ensure my financial information is current, and I will promptly inform Manitoba Blue Cross of any changes.
- This direct deposit authorization may be cancelled at any time upon my written notice.
- If my plan coverage is cancelled, this direct deposit authorization will be automatically cancelled.
- A copy of this form is as valid as the original.

*I have read the above and agree.*_____
Signature of Employee (Member)_____
Date (yyyy-mm-dd)**Submit to Case Management Services**

please retain a copy for your records

Email LDinfo@mb.bluecross.ca

Fax 204.788.5591

In Person/Drop Box 599 Empress Street, Winnipeg, Manitoba

By Mail PO Box 1046 Stn Main, Winnipeg MB R3C 2X7

Questions? call Case Management Services directly at **204.789.1717**

AUTHORIZATION and 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 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 Blue Cross's privacy policies as to the collection, use, or disclosure of my information, I may contact 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.