

10009 108 Street NW, Edmonton, Alberta T5J 3C5
 Telephone: 587-756-8631 or 1-800-763-6206
 Fax: 780-441-2605 Toll-free fax: 1-855-660-2605
ab.bluecross.ca

Submit directly to Alberta Blue Cross, Life & Disability Services. See contact information above.

Plan member information (please print)

Last name	First name	Group/policy number	Section	ID number	
Mailing address		City		Province	Postal code
Email address	Cellphone number	Work phone number		Home phone number	

Action request

- Initial request
- Change
- Termination



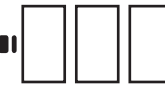

Direct deposit of claims information

I, the bank account holder, hereby authorize Alberta Blue Cross to **deposit claims payments** as indicated. If Alberta Blue Cross coverage is terminated, this direct deposit agreement will be terminated.

This authorization may be cancelled at any time upon written notice by me.

Print name of bank account holder (if different from plan member name)	Authorization signature	Date (YYYY-MM-DD)
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Please attach a blank cheque marked "VOID" **OR** complete the information below.

 Cheque number (3 digits—not required)	 Branch (transit) number (5 digits)	 Financial institution number (3 digits)	 Account number (may be up to 12 digits)	Fill in your bank account number here
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*Blue Cross Life Insurance Company of Canada underwrites all life and income replacement benefits.

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